PARENT/GUARDIAN CONSENT FOR
STUDENT SAMARITAN SCREENING PROCEDURES

I, the undersigned, give my consent for _____________________________, a minor (under 18 years of age), to have the screening required by St. John’s Hospital as a condition of volunteering as a student samaritan. The screening consists of a review of immunization status by an employee health nurse and a lab test for tuberculosis (TB) screening.

____________________________________________
Name of Parent or Guardian (Please print)

____________________________________________
Signature of Parent or Guardian

____________________________________________
Date

*A copy of the minor’s immunization record is required when they report to Employee Health Service for their TB screening.