



**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.