

## MINOR AND PARENT/GUARDIAN CONSENT FOR JUNIOR SAMARITAN SCREENING PROCEDURES

I,	the	undersigned,	_	•	consent (under 18		•	son/daughte ), to have the
Jur sta	nior Sa	required by St. maritan. The an Employee	John's screen	Hosp ng co	tal as a consists of a	ndition a revie	of voli w of i	unteering as a mmunization*
			-				Signati	ure of
								/Guardian
			-				Date	
		ve my consent of my volunteering						
			-				Signati	ure of Minor
			-				Date	

\*A copy of the minor's childhood immunization record is required when they report to Occupational Health (Employee Health) for their TB screening.