

**UNIVERSITY OF CONNECTICUT HEALTH CENTER  
DEPARTMENT OF VOLUNTEER SERVICES**

**PARENT PERMISSION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

I grant my permission for my son/daughter \_\_\_\_\_ to  
*(name of applicant)*

be a volunteer at the John Dempsey Hospital/University of Connecticut Health Center. To the best of my knowledge, he/she is in good health and is able to participate in a volunteer assignment at the University of Connecticut with the following physical limitations:

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I will accept the judgment of the Health Center and the Administrator of Volunteer Services concerning matters relating to my son/daughter as a volunteer.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian (Date)*

Name of parent or legal guardian \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_

Work (Mother) \_\_\_\_\_ Work (Father) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

According to Volunteer Services Department policy, all minors (those under age of 18) must have on file in the Volunteer Office a "Consent for Treatment" form, signed by a parent or legal guardian before the applicant can be accepted in the Volunteer Program and begin volunteering for the Health Center. This is a preventive measure in case of illness or injury of a minor volunteer while on duty, and would be used only if reasonable attempts to reach the parent or guardian have been made.

**CONSENT FOR TREATMENT**

In the event \_\_\_\_\_ requires medical and/or surgical  
*(name of volunteer applicant)*

treatment while volunteering at the University of Connecticut Health Center, I, the undersigned, hereby give my consent for any medical and/or surgical treatment as the attending physician and/or surgeon deems necessary. This includes the giving of anesthetics. I have read the foregoing and understand it.

\_\_\_\_\_  
*Signature, Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship*