



MEMORIAL
HEALTH SYSTEM

CONSENT FORM
PARENT OR GUARDIAN PERMISSION
(For a minor child under the age of 18)

I am the parent/legal guardian of _____ and I grant my permission for him/her to serve as a volunteer at Memorial Health System.

I understand that he/she must complete a background check.

I certify that he/she is at least 16 years of age, is in good physical and mental condition to serve as a volunteer.

Parent/Guardian's Signature

Date

Parent/Guardian's Name (Printed)