CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

This will authorize __________________________________________, a minor, to participate in such volunteer activities at PIH HEALTH as may from time to time be prescribed by the Hospital’s Director of Volunteer Services or the designated representative.

We release PIH HEALTH from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the Hospital, while participating in such volunteer activities.

___________________________________________________________  ________________________________
Parent/Legal Guardian                              Date

________________________________________________________

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I), (We), the undersigned, parent(s) to ________________________________, a minor, do hereby authorize PIH HEALTH as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of PIH HEALTH, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until the student’s 18th birthday, unless sooner revoked in writing delivered to said agent(s).

___________________________________________________________  ________________________________
Parent/Legal Guardian                              Date

Rev: 10/08

H:\VOLUNTEER SERVICES REFERENCES\Orientation\Parent Consent Agreement.doc
Parent/Student Agreement  
PIH Health

I agree to and will abide by the following policies set forth by the PIH Health Volunteer Program:

1. I will commit to volunteer at least 100 hours at PIH Health.

2. I will commit to volunteer on my weekly scheduled shift.

3. I can drive, or have someone who will commit to drive me to every shift.

4. I understand that if I have three absences (an absence occurs when the volunteer does not call the Volunteer Department to let them know they will not be at their shift), I may be terminated from the Volunteer Program.

5. I understand that if I have eight excused absences (an excused absence occurs when the volunteer does call the Volunteer Department to let them know they will not be at their shift), I may be terminated from the Volunteer Program.

6. I agree to abide by the dress code which consists of my badge, blue smock, white attire (pants, socks, shoes, and undershirt), and no piercing other than one per ear, and understand that I will be sent home if I am not dressed appropriately.

7. I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and will strive to provide quality service as a volunteer.

I have read and agree to the above requirements of the program.

_________________________                                    __________________
Volunteer Name                                                      Date

I have read and will support the above requirements of the program.

_________________________                                    __________________
Parent/Guardian                                                      Date