



Volunteer/Job Shadow Parent Consent and Release of Liability Form

If volunteer/shadower is under the age of 18, parent/guardian consent is required.

My son/daughter, _____, has my permission to serve as a UnityPoint Health-Finley Hospital Volunteer and/or participate in the UnityPoint Health-Finley Hospital Job Shadow experience. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so I know what is expected of him/her.

I attest that my child meets the age requirement for the Volunteer program (minimum 14 years of age) or the Job Shadow experience (minimum grade level-Senior in high school). I attest that my child is free from communicable diseases and will be able to provide a negative TB screening and proof of immunizations as requested by Employee Health.

I understand that Volunteering and/or Job Shadowing may include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I further understand that UnityPoint Health-Finley Hospital offers medical services for the care and treatments of a wide range of illnesses, diseases, and injuries, including but not limited to, such infectious diseases as tuberculosis, hepatitis, and HIV and that there is a risk, however slight, that my son/daughter might be inadvertently exposed to such diseases at the Hospital.

I do hereby release UnityPoint Health-Finley Hospital, their staff and sponsors from any responsibilities of injury or accident as a result of the volunteering/shadowing experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent/guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at UnityPoint Health-Finley Hospital.

I release, discharge, and relieve UnityPoint Health-Finley Hospital from any and all **claims whatsoever of any nature as a result of my son/daughter's** volunteering/shadowing related activities.

Parent/Guardian Signature

Date