



# Employee Health Minor Consent Form for Volunteers

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent/Guardian,

Your son/daughter is currently seeking volunteer opportunity with Agnesian Health Care. Your child must meet the health requirements that are mandatory for volunteering. A TB Blood Assay will be drawn prior to the start of volunteering. In addition, the Employee Health Office will look at the Wisconsin Immunization Registry for your child's immunizations record. The immunizations that are needed are: MMR (Measles, Mumps, Rubella), Hep B, Varicella (Chicken Pox) and the influenza vaccine. If these records cannot be obtained, the Employee Health office will order lab draw to check for immunity to these diseases. If the results of lab come back as not immune, your child will be required to have the mandatory vaccines.

Please initial below to consent to the following:

\_\_\_\_\_ TB Blood Assay (Mandatory Lab Draw)

\_\_\_\_\_ MMR (Mandatory - Lab Draw / Vaccine if no documentation of previous vaccine series)

\_\_\_\_\_ Hep B (May decline - Optional Lab Draw if no documentation of previous vaccine series)

\_\_\_\_\_ Varicella (May decline - Not Mandatory, History of Chicken Pox is acceptable)

\_\_\_\_\_ Influenza (Mandatory - Annual Requirement September through Spring)

The undersigned hereby authorizes Agnesian HealthCare to perform on my child a TB Blood Assay, laboratory tests and/or the immunizations indicated above. I understand that I will be notified of any abnormal results and adverse reactions. I also consent to my child's participation in volunteering with Agnesian HealthCare.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verbal Consent Given:**

Date: \_\_\_\_\_ Name /Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_