

**TEEN VOLUNTEER PROGRAM
JENNIE EDMUNDSON HOSPITAL**

PARENT CONSENT FORM

My child _____ has my consent to join the Teen Volunteer Program of Jennie Edmundson Hospital.

Will your child have transportation to and from the hospital? YES ()
NO ()

Please specify any health limitations your child has:

I attest to the fact that my child _____ is 14 years of age or older.

Signature: _____ Date: _____

Address: _____ Home Phone: _____
