

**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: \_\_\_\_\_  
\_\_\_\_\_