



Parent/Guardian Consent and Release of Liability Form

_____, has my permission to serve as a Charleston Area Medical Center, Inc. ("CAMC") VolunTeen. As the parent/guardian of the above-named student, I understand that it is my responsibility to read all information that is provided to my child, so that I understand what will be expected as part of this program.

I also understand that during the course of the VolunTeen program, my child will be observing patients in a healthcare setting, as well as medical, laboratory, and/or business services. I also understand the participating in such activities in a healthcare setting carries certain inherent risks that cannot be eliminated, regardless of the care taken by CAMC, including but not limited to potential exposure to an infectious disease. I therefore fully and knowingly assume such risks.

In the event of any accident, illness or other injury while participating in the VolunTeen program, I understand that every attempt will be made to contact me before any medical action is taken. However, in the event of a medical emergency, CAMC has my express permission to seek emergency medical treatment for my child.

I therefore fully and forever remise, release and discharge CAMC and its affiliates and any subsidiaries from liability for any claims of personal injury, accidents, illnesses and/or property loss as a result of my child's participation in the VolunTeen program.

Further, I hereby, for myself and for my child, and intending to be legally bound, release, discharge and relieve CAMC (as defined above) of and from all claims whatsoever of any nature as a result of his/her volunteering and all related activities.

I also give my consent for CAMC Employee Health to examine my child and to confirm my child's immunity to specific diseases. If it is determined that my child needs additional immunizations in order to participate in the VolunTeen Program, I give my permission to CAMC Employee Health to provide such immunizations. In order to facilitate this process, I will provide my child's vaccination records to the extent available and will also help my child complete the Employee Health Questionnaire to bring to their initial visit.

I release and give my permission to CAMC, its agents and employees to interview and/or take photographs and/or video of my child in his/her capacity as VolunTeen for current and future use in news/feature stories; promotional publications, videos or displays, and the CAMC website.

Print Parent/Guardian Name

Date: _____

Signature Parent/Guardian Name