



CRESTWOOD VOLUNTEER SERVICES

Parent/Guardian Permission Form

Your child has the opportunity to participate in the Crestwood 2019 Summer Teen Volunteer Program.

- I will ensure his/her transportation to and from the hospital. I understand that he/she cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift(s) and must be picked up promptly at the end of the volunteer shift.
- I also understand that teenage volunteers are not allowed to leave the Crestwood campus/facilities while on shift.

PARENTAL/GUARDIAN SIGNATURE

I hereby permit my child/charge _____ to participate in the Teen Volunteer Program. I also give permission for a TB skin test and a drug test to be completed on my son/daughter/charge for participation in this program. I further release the Hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature:

Date:

Phone Number:

In addition, I give the following permissions:

_____ Permission for photographs and/or videos to be taken of my child/charge and possibly published in a Crestwood publication.

_____ Permission for child/charge to accept a volunteer placement at an off-campus location. This may require him/her to walk a short distance to a Crestwood area, separate from the main hospital building.

Return form by mail: Caty Stokes, Volunteer Services | One Hospital Drive | Huntsville, AL 35801
by email (from a parent or guardian email address): catherine.stokes@crestwoodmedcenter.com

For questions, please contact Caty Stokes at 256-429-4076