Parental Permission

I give my child, __________________________, permission to volunteer at Fairview Lakes Medical Center. I understand that prior to placement in a volunteer assignment, my child will be required to:

- Complete a volunteer application and a background study (which will be run through the Minnesota Department of Human Services)
- Attend the 2 hour volunteer skills lab
- Provide documentation* of:
  - MMR (measles, mumps, rubella)
  - Varicella (chickenpox)
- Schedule an appointment to be medically cleared by Fairview Lakes Employee Occupational health Services.

Once assigned to a volunteer position, I understand that my child will be expected to:

- Be ready to volunteer on time, as scheduled
- Dress appropriately (no jeans, no crop tops, no open toed shoes)
- Call the Volunteer HOTLINE, 651-982-7180, as soon as he/she is aware that they will be unable to be at their assigned shift
- **Commit to volunteering a minimum of 100 hours.**

Signed________________________________ Relationship__________________________

Printed______________________________ Date________________

Please have your child return this signed permission form to: Volunteer Services, 5200 Fairview Blvd, Wyoming, MN 55092

*School vaccination and/or health care provider records are acceptable. Your child will receive more information about the medical clearance process at orientation.