



## **VOLUNTEER RELEASE FORM FOR MINORS & PARENT CONSENT**

I, \_\_\_\_\_, being the Parent or Legal Guardian of \_\_\_\_\_  
(The Minor), hereby consent to and authorize the Minor to act as a volunteer for Children's Minnesota.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that Children's Minnesota may perform a criminal background check on The Minor. I agree and understand that the Minor must comply with the policies and procedures established from time to time by Children's Minnesota and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to contact with people who are ill, escorting patients and visitors, and handling confidential information. I am aware that the Minor may be exposed to personal injury and damage to personal property as a result of the volunteer activities, the activities of other person(s) or the conditions under which volunteer activities are performed. I accept any and all risks of damage, injury, illness, or death and I release and discharge Children's Minnesota, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of the Minor's participation as a volunteer.

### **Pre-placement Health Screening, Vaccination and Emergency Medical Care**

I acknowledge that The Minor will need to provide evidence of certain health screenings and immunization. Children's Minnesota does offer certain health screening and immunization services to volunteers. I consent to Children's Minnesota performing health screening (blood draws and lab tests) and vaccination (COVID -19 and flu) of The Minor. I do consent to Children's Minnesota using and disclosing this screening and immunization information as permitted or required by law. I do hereby release Children's Minnesota, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of these health screening or immunization services.

I understand that in the case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as the Parent or Legal Guardian for emergency treatment and or procedures necessary for The Minor by the professionals and staff at Children's Minnesota.

### **Parent/Legal Guardian Signature**

I have carefully read this form and fully understand its contents. I am aware that this is a release of liability between Children's Minnesota and myself and I sign it on my own free will.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_