

# UCSF VOLUNTEER CONFIDENTIALITY STATEMENT FOR MINORS

## PARENTAL CONSENT

Dear Parents or Guardian:

The following consent form must be signed prior to your child's involvement as a volunteer at UCSF Medical Center. If you should have any questions and/ or concerns regarding the following, please do not hesitate to give me a call at (415) 353-1196. Thank you in advance for your cooperation.

Sincerely,

Vicki Kleemann  
Director, Volunteer Services  
UCSF Medical Center

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## CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

This will authorize \_\_\_\_\_, a minor, to participate in volunteer activities at UCSF Medical Center. I understand that my child's services are donated to the hospital without contemplation of compensation or future employment, and given for humanitarian or charitable reasons.

We release the hospital and employees from any claim of liability for any damages, injury, or illness resulting to said minor, not occasion by any fault or neglect on the part of the hospital, while participating in such activities.

In addition, if my child is referred to Employee Health Services, I give consent that my child be given a TB skin test and or (chest x-ray, if necessary), titre for measles, rubeola, chicken pox and any necessary vaccines. I also understand that I will provide a record of my child's immunization records or allow my child to receive the measles booster shot prior to volunteering. Please Note: Information regarding the Measles outbreak in the Bay Area and the need for proof of immunization will be given to your child for your review when they go to Employee Health for their TB and/ or Rubella test.

This authorization is given pursuant to the Section 25.8 of the Civil Code of California, and shall remain in effect for the period of time my child is a volunteer at the hospital.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE