



THE JUNIOR/TEEN VOLUNTEER SUMMER PROGRAM

Join the team at Sierra Providence Health Network!

Volunteer Work Provides:

- Educational Enrichment
- Career Enhancement
- Personal Satisfaction

Minimum Requirements:

- Must be at least 14 years of age.
- Must have completed application along with **two letters of recommendation** from someone other than a family member.
- Must have all release forms signed by parent(s) or legal guardian if between the ages of 14 - 17.
- Must submit a copy of latest report card with a minimum of a “C+” in every class.
- Must bring a copy of shot records (more information will be given during orientation).
- Must be available at least one day a week for a minimum of four (4) hours.
- Minimum of 100 volunteer hours required.
- Must abide by uniform dress code. Teen Volunteers will be required to purchase and wear a blue scrub top, khaki pants and tennis shoes. Scrub tops to be purchased from AJ’s Uniform in the “Patriot Blue” color at a discounted rate of \$13.59 + tax. AJ’s Uniforms is located at 900 N. Mesa (corner of Mesa and Montana) 544-6010 and 10501 Gateway West, Ste 108 (Yarbrough Plaza) 593-2244. **(Uniform is not required on day of Orientation. Business Casual is acceptable. NO JEANS!)**
- **MUST** (no exceptions) attend Volunteer Orientation.

Drop off a completed application at Sierra Medical Center or Providence Memorial Hospital:

Providence Memorial Hospital
Information Desk
2001 N. Oregon St.
El Paso, TX 79902
(915) 577-6011

Sierra Medical Center
Information Desk
1625 Medical Center Drive
El Paso, TX 79902
(915) 747-4000

Mail a completed application to:

Providence Memorial Hospital
Attn: Celina Azar
2001 N. Oregon
El Paso, TX 79902

Questions? Please call 577-6151 or 747-2710.



APPLICATION FOR JUNIOR/TEEN VOLUNTEER PROGRAM

I would prefer to volunteer at: Sierra Medical Center _____ Providence Memorial Hospital _____

Contact Information

Name: _____ Date of Birth: _____
Last Name First Name

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ E-mail: _____

Employment *(If currently employed)*

Name of Employer: _____ Phone: (____) _____

Business Address: _____

Emergency Information

Emergency Contact: _____ Phone: (____) _____

Relationship: _____ Cell: (____) _____

Experience *(Please include hospital, medical or related experience, if applicable)*

Work Experience: _____

Volunteer Experience: _____

Education/Special Training/Foreign Language: _____

Special Interests/Skills: _____

Have you ever been convicted of a felony? No _____ Yes _____ *If yes, please explain below.*

Date/Location/Disposition of Case: _____

A conviction record will not necessarily be a bar to selection as a volunteer. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.



APPLICATION FOR JUNIOR/TEEN VOLUNTEER PROGRAM

Why did you decide to volunteer at Sierra Providence Health Network?: _____

Health Limitations: _____

Medical Reference: _____

Are you able to perform the duties of the volunteer position you have just applied for in a reasonable and safe manner?
_____ Yes _____ No

Is there a special area of interest you'd like to volunteer for? We will try our best to place you in your place of interest. Unfortunately, some areas are already full and we will need to place you in another area. Please list area(s) of interest below:

Times of Availability:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

The above information is accurate and correct to the best of my knowledge. I understand that I am providing services strictly on a voluntary basis and that I have no expectation of compensation.

My signature indicates approval to check references and contact my physician to determine if I am able to perform the duties of the position I have applied for in a reasonable and safe manner. The organization is not obligated to provide a placement, nor am I obligated to accept the position offered.

I am aware that a more detailed investigation concerning background and credit may also be conducted if applicable to the volunteer position for which I am applying and hereby authorizing such an investigation. (Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.)

Signature: _____ Date: _____

| |
|--------------------------------------|
| Department Assignment: _____ SMC PMH |
| Contact Person: _____ Ext. _____ |



UNIFORM & PERSONAL APPEARANCE

The Sierra Providence Health Network has a dress code for its staff and a neat, well-groomed appearance is expected of all volunteers. Jewelry and makeup should be kept to a minimum and no strong perfumes are to be used. Hair should be neat and under control. Hands, including fingernails, should be kept clean at all times. The hospital provides identification badges which are worn at lapel level whenever a volunteer is on duty or attending meetings in the hospital.

Each individual who volunteers with the Sierra Providence Health Network is expected to wear the volunteer uniform and be in compliance with the hospital dress code:

Teen Volunteers

All Teen Volunteers must wear khaki pants, tennis shoes and purchase a blue (Patriot Blue) scrub shirt from AJ's Uniforms (details on scrub shirts to be given during orientation).

Student Volunteers

All student volunteers must wear khaki pants, a white polo or button up shirt and tennis shoes.

Jewelry will be held to a minimum. Acceptable jewelry is:

- a) Standard watch (gaudy and character watches are not appropriate).
- b) No body piercing will be allowed while volunteering.
- c) Necklaces inside the collar and that cannot swing freely.
- d) Earrings should be simple studs or small size and of good taste.
- e) Dangling or gaudy items are not permitted.
- f) Pins or buttons not related to professional status and/or certifications may not be worn. Slogan pins or buttons of any nature are not acceptable.

JEANS, SHORTS, SWEATS OR SANDALS (OPENED-TOE SHOES) ARE NEVER ALLOWED. All volunteers must wear closed-toe shoes, i.e. shoes that cover their feet completely while volunteering.

Note: Business casual dress is acceptable when attending Orientation and Health Assessments. NO JEANS! Uniform will be required on first day of volunteering.

PLEASE REMEMBER THAT YOUR APPEARANCE IS A REFLECTION OF YOU. TAKE PRIDE IN YOURSELF AND ALWAYS DRESS APPROPRIATELY!

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)

Volunteer Director's Signature: _____

Date: _____



AGE SPECIFIC TRAINING FOR VOLUNTEERS

| Age Specific | Appropriate Care |
|--|--|
| Infancy “Birth to One Year” | <ul style="list-style-type: none"> • Volunteers are not to handle newborn babies or infants at any time. • Volunteers may not transport newborn babies in cribs at any time. • If a Volunteer is discharging a mother with a newborn baby, the baby must be discharged in a car seat. The mother must be in a wheelchair and the baby must be placed on the mother's lap. The Volunteer must not strap the baby into the car seat or into the car; parents are required to perform this function. • If a Volunteer is stationed in the newborn nursery and notices a baby choking, turning blue, or any other odd behavior, alert the nurse immediately. If the nurse is not available, immediately dial the hospital emergency phone number “3333”. |
| Toddler/Pre-School Age/School Age Children/Adolescence “One to Eighteen Years of Age” | <ul style="list-style-type: none"> • Volunteers are not to pick up children at any time. • Volunteers may read a book to a child (the book must be age appropriate, age will usually be listed on the front cover of the book). • Volunteers may color with children ages 3 years on up. • Volunteers may sit with children if parents need to pick up lunch in the cafeteria. • When communicating with children of any age, speak clearly, introduce yourself by first and last name, let the parent(s) know that you belong to the Volunteer Department and state your purpose. |
| Early/Middle/Late Adulthood “Nineteen Years of Age and Up” | <ul style="list-style-type: none"> • Volunteers may read a book or newspaper to adult patients. • Volunteers always need to communicate with compassion and speak with a clear and understanding voice whether it is an adult patient or visitor. Volunteer must always face the patient or visitor. Volunteer must always face the patient or visitor when speaking to them. • Volunteers may not bring any kind of food/drink to the adult patient unless permission from the nurse in charge has been authorized. • Volunteers may transport any well individual in a wheelchair if the patient can get out of the wheelchair and walk on their own. • Volunteers may provide a blanket for an adult patient. • Volunteers may bring water or ice chips to an adult patient, provided permission is granted by the nurse on duty. |

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)



VOLUNTEER ETHICS GUIDELINES AGREEMENT

If accepted as a hospital volunteer, I agree that:

- 1) I shall hold as absolutely confidential all information I may obtain, directly or indirectly, concerning patients, doctors or personnel and not seek to obtain confidential information from a patient.
- 2) My services are donated to the hospital without expectation of compensation or future employment and are strictly for humanitarian or charitable reasons.
- 3) I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies on hospital property or act as a runner or capper for any attorney in the solicitation business. I shall report all known occurrences of such solicitation to my supervisor.
- 4) I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions or religious material on hospital premises unless I receive the express authorization of the hospital CEO to engage in these activities.
- 5) I shall, if requested, submit to examinations, which may include chest X-rays, skin tests, appropriate lab tests and/or immunizations that may be necessary as part of my volunteer services. If requested, I hereby authorize my doctor(s) to furnish the hospital information concerning my health, including X-ray results.
- 6) I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.
- 7) I shall attempt to resolve any problems related to my volunteer activities with my supervisor.
- 8) I shall do my best to fulfill my commitment to the hospital by completing all assignments that I accept.
- 9) I shall at all times uphold the philosophy and standards of the hospital.
- 10) I understand that the hospital reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; and (d) any other circumstances which, in the judgment of the department director, would make continued service contrary to the best interests of the hospital.
- 11) As a volunteer, I agree to complete three months of service for a minimum total of 100 service hours. I understand that my accumulated hours of service will not translate into internship or externship hours.
- 12) By agreeing to become a volunteer, I have made a commitment to provide a service of both my time and ability. I shall fulfill my commitment to volunteer three months for a minimum of 100 hours.

I have read each of the above conditions and I agree to be bound by them.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)

Volunteer Director's Signature: _____

Date: _____



SEXUAL AND OTHER UNLAWFUL HARRASSMENT

We are committed to providing a work environment free from discrimination and unlawful harassment. Action works, jokes or comments based on an individual's sex, ethnicity, age, religion, sexual orientation or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee/volunteer misconduct that is demeaning to another person, undermines the integrity of the employment or volunteer relationship, and is strictly prohibited. Anyone engaging in sexual or other unlawful harassment will be subject to corrective action, up to and including termination of employment or volunteer placement.

Examples of unlawful sexual harassment include, but are not limited to, unwelcome sexual advances, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature where:

- Submission to such conduct is and implies or expressed condition of employment.
- Submission to or rejection of such conduct is the basis for employment decisions affecting the individuals; or
- The conduct has the effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Any employee/volunteer who wants to report an incident of alleged sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee/volunteer believes it would be inappropriate to contact that person, the employee/volunteer should immediately contact his/her Human Resources Representative. Employees/volunteers may raise concerns and make reports without fear of reprisal. Volunteers may not utilize the Fair Treatment policy to resolve such issues.

If you have any questions concerning this policy, please feel free to contact your Director or Coordinator of Volunteer Services or a Human Resources Representative at any time.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)

Volunteer Director's Signature: _____

Date: _____



CONFIDENTIALITY STATEMENT BELOW

I understand and agree that the performance of my duties as a volunteer of the Sierra Providence Health Network, I must hold in strictest confidence any observations I may make or hear regarding clients, client families or staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination, by Sierra Providence Health Network and/or possible legal action by others (ie. clients, client families, or staff).

Violation of hospital policies and or infractions of Auxiliary Rules and Ethics could terminate your membership in the Auxiliary and/or Volunteer Program. Each Volunteer must realize that they represent the Auxiliary and/or Volunteer Program as well as the Sierra Providence Health Network and must act accordingly.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)

Volunteer Director's Signature: _____

Date: _____



BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION

DISCLOSURE

This form, which you should read carefully, has been provided to you because a Tenet Healthcare facility (the "Company") may request consumer reports on you from a consumer reporting agency. The Company will use any such report(s) solely for employment purposes, including those associated with contractors, students, volunteers, physicians and other performing work for the Company.

Consumer reports on you will be obtained by the Company from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 1 800-400-2761. Information that may be obtained includes social security number verification, criminal records, public court records, educational records, verification of employment positions held and verification of licensing and certifications. The information contained in these reports may be obtained by HireRight from private and/or public record sources including sources identified by you in your job application.

- A credit history will be procured *only* if the position you are applying for has fiduciary or cash handling responsibility, you would be issued a corporate credit card once employed, or if you will be entering into a relocation agreement.
- A driving record check will be procured *only* if the position you are applying for requires a valid driver's license.

With this Disclosure and Authorization form you are also being provided a copy of a "Summary of Your Rights Under the Fair Credit Reporting Act" as issued by the Federal Trade Commission.

AUTHORIZATION

By signing your name below you:

- Indicate you have carefully read and understand this Disclosure and Authorization form
- Consent to the release of consumer reports to the Company in conjunction with your job application
- Understand that if the Company hires you, your consent will apply throughout your employment unless you revoke or cancel your consent in writing by sending a signed letter or statement to the company
- Authorize the disclosure to HireRight of information concerning your employment history, earning history, education, criminal history, credit history (when pertinent to the position being applied for) and motor vehicle history (when pertinent to the position being applied for).

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Signature: _____ Date: _____

Print: Last Name: _____ First Name: _____ Middle: _____

Social Security #: _____ Date of Birth (for ID purposes only): _____

Present Address: _____

City/State/Zip: _____

For California Facilities and residents of California, Minnesota and Oklahoma: Please check the appropriate box below.

I would like a copy of the report. I waive my right to receive a copy of the report.

If you live or are applying for a job in the state of California, please review this additional notice: You may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

Revised 06/14/2006

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.



A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your file disclosure). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identify theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.



SIERRA PROVIDENCE HEALTH NETWORK

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |



JUNIOR/TEEN VOLUNTEER POSITION DESCRIPTION

JUNIOR/TEEN VOLUNTEER RESPONSIBILITIES: Junior/Teen Volunteers, under the supervision of the Volunteer Services and the assigned Unit/ Department Supervisor, will be responsible for escorting patients to necessary departments/units, performing light clerical tasks and others duties as requested.

GENERAL DUTIES:

- Follow the same code of ethics and confidentiality, which governs the hospital staff. Respect patient privacy.
- Attend hospital orientation and be knowledgeable with appropriate policies and procedures. In the event of a CODE BLUE, FIRE OR BOMB THREAT, dial **3333 IMMEDIATELY** and then notify a supervisor.
- Comply with the rules and regulations of the Sierra Providence Health Network and the Volunteer Services department. Adhere to the Volunteer dress code and wear ID badge at all times while in the facility.
- Arrive promptly, record hours (logging in and out) and work the entire shift unless other arrangements have been made with a supervisor.
- Immediately report any ACCIDENTS, INJURIES or UNUSUAL OCCURANCES involving a Volunteer or Visitor, to include patients, to a Supervisor at the time of the incident.
- Maintain a courteous, tactful and helpful attitude at the time of interactions with the public, hospital staff and other volunteers.
- Refrain from smoking or eating while on duty.

SPECIFIC DUTIES:

- Greet and assist patients and visitors that come to the hospital.
- Provide direction on location of patient rooms and/or departments.
- Answer incoming patient information calls and route calls to appropriate room.
- Perform errands for the unit/department that the volunteer is assigned to within the facility. **NO ERRANDS MAY BE RUN OUTSIDE OF THE FACILITY** without the consent of the Volunteer Director.
- Transport wheelchair patients to appropriate departments/units and leave with the hospital personnel, while returning wheelchair to designated area.
- Check with departments/units to pick up discharged patients.
- Volunteer will not enter isolation rooms or transport isolation patients and will follow infection control procedures at all times. (HANDWASHING)
- Will perform light clerical duties (such as filing, making copies, answering phone courteously and efficiently) and other duties as assigned.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if under the age of 18)

Volunteer Director's Signature: _____

Date: _____



ACKNOWLEDGEMENT STATEMENT BELOW

I have received and read a copy of the Sierra Providence Health Network Volunteer Handbook which outlines my privileges and obligations as a volunteer and I understand that my continued service is dependent upon compliance with the policies and procedures therein.

Volunteer Signature: _____

Date: _____



SIERRA PROVIDENCE HEALTH NETWORK

Dear Parent;

It is the policy of Sierra Providence Health Network to do a Tuberculosis screening on all new volunteers and blood screening on those working in patient areas. Please sign below to give consent for these procedures to be done on your son/daughter _____.

(Volunteer Name)

Thank you.

Parent/Guardian Signature

Date

Employee Health Nurse

Date



AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I/We, the undersigned parent(s) of _____, a minor, do hereby authorize Sierra Providence Health Network and/or _____ as agent(s) for the undersigned to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the El Paso County Medical Society or the medical staff of Sierra Providence Health Network, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our afore-said agent(s) to give specific consent to any and all exercise of his best judgment may deem advisable; and neither said agent of any organization involved assumes any financial responsibility for exercising this action.

The authorization shall remain effective until _____, 20____ unless sooner revoked in writing and delivered to said agent(s).

Dated

Parent or Legal Guardian

Family Physician

Parent or Legal Guardian Address

Allergies

Home and/or Cell Number

Work Telephone