



Minor Age Volunteer Parental Consent Form

All volunteers must be in good health and must attest to immunity to Mumps, Rubella (German measles), Rubeola (Measles), and varicella (chicken pox) either by immunization/vaccination (often listed as "MMR" on immunization or vaccination record forms) or having been diagnosed with the disease. Your child was provided with a document that attests to this.

An initial Tuberculin (TB) test is mandatory. AHN provides TB testing at several AHN sites at no charge to the volunteer via either the QuantiFERON-TB Gold (QFT) or the 2-step TB skin test (PPD). A return visit may be required of the volunteer within 72 hours for verification of the skin test by the Employee Health Nurse. Your child received an explanation of these tests.

This form must be completed and returned to Volunteer Resources, at the Allegheny Health Network **before** your daughter/son can assume volunteer duties or undergo the TB testing. AHN locations are available on the website, www.ahn.org. Thank you.

Parental Consent

By my signature below, I give permission for my child (print name of volunteer)_____to become a volunteer at Allegheny Health Network (AHN).

I understand that the work to be done will include only non-professional duties and that my child will receive no monetary payment as a minor age volunteer.

I hereby release AHN and any employees thereof from all damages which I, my child, my executors, administrators, or assigns, incur during such activities.

I understand the health requirements for volunteers at AVH and give permission for my child to receive a Tuberculin Test through the Employee Health Department at AHN or I've attached proof of TB test results received within the past year (12 months).

Signature_____ Date _____
(parent or guardian)

Print Name of parent/guardian: _____

Phone: Home: _____ Work: _____ Cell: _____

Approved 5-21-24.