

Parental Consent Form

I, _____, hereby give permission for
(Parent /Guardian Name)

_____ to participate as a volunteer
(Student Name)

at the UVM Health Network – CVPH and authorize all tests, examinations,
and immunizations necessary to allow the above individual to offer their
volunteer services.

I also authorize the UVM Health Network – CVPH (or its representative) to
photograph him/her and consent to the use of such pictures for public
relations publication.

(Parent/ Guardian Signature)

(Date)