



JUNIOR VOLUNTEER PROGRAM

TUBERCULIN TEST AND DRUG SCREENING

PARENTAL CONSENT FORM

PARENTS: PLEASE SIGN THIS CONSENT FORM AND HAVE YOUR STUDENT BRING IT WHEN HE/SHE ARRIVES FOR THE SCHEDULED IN-PROCESSING APPOINTMENT.

My child/legal ward, _____, has my consent to have blood drawn for a Tuberculin (TB) Test, Hepatitis B titer, required at Medical City Decatur, which is mandatory for all volunteers serving in a hospital environment. The test is administered by the Employee Health Nurse at no cost to the volunteer. If the test results in a positive, or the volunteer is a known positive reactor, a chest x-ray will be required. The volunteer will be referred to the State Health Department and/or his/her private physician for follow-up care. If the volunteer has previously tested positive, please discuss this medical situation with the Employee Health Nurse.

I understand that a mandatory drug screening test is also required, should my child/legal ward be selected as a participant in the Junior Volunteer Program, and give my consent for that procedure.

(Student must present Drivers' License, State or School photo ID)

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Child/Legal Ward Signature: _____

Print Name: _____

Date: _____