

Parental Release

For Observation Experience,
Individual Internship or Teen Volunteer Opportunity

Your son/daughter is interested in participating in a learning experience at KershawHealth. Please make sure that you read all of the provided information regarding our programs. We feel it is necessary to inform you that KershawHealth may require your son/daughter to have a TB skin test. If you are willing to have him/her participate in one of our learning experiences, as well as receive a TB skin test (if necessary), please indicate by signing below.

My son/daughter, _____, has my permission to participate in a learning experience at KershawHealth.

(Signature)

(Date)

(Printed Name)

(Relation)

(Address)

(Address)

(Telephone Number)