



# Volunteer and/or Observer Parental Consent Form

BON SECOURS CHARITY HEALTH SYSTEM

A member of the  
Westchester Medical Center Health Network

## Parent/Legal Guardian Permission Slip

I agree to allow my son/daughter, \_\_\_\_\_, to  
serve as a Volunteer or Observer at the following Bon Secours Charity facility:

- ☐ Bon Secours Community Hospital (Port Jervis, NY)
- ☐ Good Samaritan Hospital (Suffern, NY)
- ☐ St. Anthony Community Hospital & Campus (Warwick, NY)

I fully understand that in the course of his/her duties, my son/daughter may be permitted to enter patient areas of the hospital. I further understand that Bon Secours Charity Health System offers medical services for the care and treatment of a wide range of illnesses, infectious diseases and injuries. There is a risk, however slight, that my son/daughter might be inadvertently exposed to such circumstances at the hospital and or facility.

In consideration for their opportunity to Volunteer or Observe at Bon Secours Charity Health System, I release, discharge and relieve Bon Secours Charity Health System and its' employees from any and all claims whatsoever of any nature arising out of/as a result of his/her participation as a volunteer or observer with Bon Secours Charity Health System and all related activities.

I understand that he/she must participate in an Orientation, sign a confidentiality oath, have an initial TB skin test and then one annual TB skin test, and consent to a Criminal History Review (*if requested*).

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Volunteer/Observer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_