OVERLAKE MEDICAL CENTER & CLINICS
MultiCare

Parental/Legal Guardian Consent for Minor Child to Volunteer

Minor Name: _____ Date: _____

As the parent or legal guardian of named minor child:

- I give my permission for my minor child to be a part of the Teen Summer Volunteer Program at Overlake Medical Center and Clinics with the understanding that this is a voluntary position that is in no way compensated with pay or benefits.
- I agree to provide a copy of my minor child's certified Birth Certificate or other documented proof of age upon request.
- I give my permission for my minor child to participate in New Hire / Orientation, which includes but is not limited to information and training on: Hospital Policies and Procedures, Workplace Violence, Sexual Harassment Education, Infection Control/HIV and AIDS Education, Hazardous Spills, Patient and Guest Safety, Life & Fire Safety, Disaster and Emergency Preparedness.
- I give Overlake Medical Center and Clinics permission to administer a Medical Screening, which includes a review of my minor child's health records. I understand that proof of vaccination for Measles, Mumps, Rubella, Varicella, Tdap, Influenza, and COVID-19 are required for my minor child to participate as a volunteer.
- I give my permission for Overlake Medical Center and Clinics to schedule and administer Tuberculosis testing with a blood draw for a QuantiFERON test.
- I understand that in the event of a natural disaster, hospital quarantine or other catastrophic event, my minor child may not be able to leave the facility until it is safe to do so.
- In the event of illness, injury, or emergency, I consent to Overlake Hospital Medical Center and Clinics providing, administering, or otherwise obtaining medical care for my minor child. I further authorize contact with the provided emergency contacts if parents/guardians are unavailable.

I willfully and knowingly release Overlake Hospital Medical Center and Clinics from any and all claims that arise out of my minor child's volunteering, including claims arising out of negligence.

_____
Printed Name

_____
Parent/Guardian Signature

Consent for Publicity, Photography and Video Recordings - Students

Name _____ Date_____

Address_____ City, State, Zip_____

Phone (day) _____ Phone (home) _____

Age_____ Date of birth_____

I agree to have photographs, video, audio and other recording methods taken of me by a person selected by Overlake Medical Center & Clinics staff or their designees. I understand that these recordings may include identifying information including, but not limited to a student's name, images and video footage. I permit Overlake Medical Center & Clinics to use and disclose these photographs, video, audio and other recordings for promotional, marketing and advertising purposes. I further permit that these may be released to the news and other media outlets, posted on the internet, published by Overlake Medical Center & Clinics, disclosed to the general public in marketing materials, or used for other public relations purposes. I understand that Overlake Medical Center & Clinics will not condition treatment on whether I sign this this consent.

This authorization shall expire upon my written request sent to **Overlake Public Relations** to revoke the authorization. I acknowledge and agree that this revocation will not be effective to the extent that Overlake Medical Center & Clinics has acted in reliance on this consent. I further acknowledge and agree that this revocation will not apply to information that Overlake Medical Center & Clinics has already released based on my consent and that such information may have been redisclosed by third-party recipients and may no longer be covered by HIPAA or state law.

I hereby hold harmless and release Overlake Medical Center & Clinics, its officers, directors, personnel and contractors from any liability connected with the use or disclosure of the photographs, video, audio, and other recordings made in reliance on this consent.

For students who are under the age of 18: This form must be signed by a parent or legal guardian.

Student's/Parent's or Legal Guardian's Signature	Student's/Parent's or Legal Guardian's Printed Name
Date and Time	Relationship to Student (Self, Parent or Legal Guardian)
Witness's Signature	Ryan Hodges – Sr. Media & PR Specialist Witness's Printed Name