

**VOLUNTEER SERVICES
CONSENT FOR TREATMENT**
(For Volunteers 15-17 years old)



All minors (under the age of 18) must have on file Consent for Treatment Form. This is a preventable measure in case of illness or injury while on duty, and would be used only after reasonable attempts to reach the parent or guardian had been made.

To Be Completed by Parent or Legal Guardian

(Please Print)

In the event _____ (name of child) requires medical and/or surgical treatment while volunteering within the Connecticut Children's, I, the undersigned, hereby give my consent for any medical and/or surgical treatment as the attending physician and/or surgeon deems necessary. This includes the use of anesthetics. I have read the foregoing and understand it.

Print Name

Relationship to Volunteer

Signature of Parent/Legal Guardian

Date