

BOSTON MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT
PARENTAL PERMISSION FORM

Dear Volunteer Services Department:

I, _____, by signing this form, hereby give my permission and approval for my son/daughter _____ to work, as a volunteer, at Boston Medical Center.

Parent or Guardian

Date

Address

Phone Number

e-mail

**IMMUNIZATION/EMERGENCY TREATMENT
PERMISSION FORM**

To protect patients and care providers from certain common infections, Boston Medical Center (BMC) requires that all Medical Center employees, medical students, volunteers and interns who work at the Hospital provide documentation about childhood diseases and immunizations.

Immunizations must have been received for Measles, Mumps, and Rubella (MMR). Varicella (Chicken Pox) immunization is required for persons who have not had the disease. Tuberculosis Screening must have been done within the past year. If your child does not have documentation of these vaccinations and screening, BMC will administer them at no charge upon receipt of this permission form. If your child has not had Chicken Pox, BMC will perform a blood test to be sure immunization is needed before giving a chicken pox immunization.

I, _____ (please print your name), have read the attached documentation explaining the risks and benefits of the Measles, Mumps and Rubella vaccine, as well as the Chicken Pox (Varicella) vaccine. I have been informed that I may contact the Medical Director of BMC Occupational Health at 617-638-8400 if I have any questions regarding the vaccinations or testing.

I give permission to Boston Medical Center (BMC) to administer a Measles, Mumps & Rubella vaccination to my child _____ (please print your name), if she/he does not have record of receiving these immunizations. I also give BMC permission to administer a Tuberculosis Screening to my child if needed.

Additionally, in the event of an emergency, I give Boston Medical Center permission to administer treatment, obtain blood samples and/or provide immunization(s), if required. My daughter/son has has not (please check one) had chicken pox. If not, I also give BMC permission to administer a blood screen for Chicken Pox.

BMC recommends that your child be immunized against Hepatitis B if she/he will be working in an area where exposure to blood or body fluids is possible. Please ask your program contact person if this will apply to your child. Hepatitis B immunizations are available free for persons under age 18 from all Boston Community health centers and from many high school health clinics.

Date _____

Signed: _____

Legal guardian must be over 18 years of age