

2023 VolunTeen Program Parent/Guardian Agreement

1. I hereby permit my student, _____ to join the Northside Hospital Cherokee Summer VolunTeen Program. I understand the importance of responsibility and will assist my child in complying with the program's rules and regulations. I will assume responsibility for his/her transportation.
2. In the event of a medical emergency, I permit the physician in the Emergency Department of Northside Hospital Cherokee to treat my student.
3. I hereby give permission and will accompany my student as he/she is screened by staff at the Northside Hospital Cherokee Employee Health. Employee Health is located at 460 Northside Cherokee Blvd. Suite 400. 770-224-2444 Additional info will be shared at orientation.
4. I understand my student is required to serve a minimum of 6 weeks and 24 hours from May 30th – July 28th 2023.
5. I hereby give permission for my student to be photographed with the possibility that the photo may be used in the Auxiliaries newsletter or a Northside Hospital Cherokee publication.
6. I understand my student will be required to pay \$20.00 for the uniform shirt.
7. I agree that my student's identification badge will be turned in at the end of the program.
8. I understand that all information will be communicated electronically to my student's email and that I will need to check their email regularly for messages.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent/Guardian **Email Print**

Phone Number