

**LEAHI HOSPITAL**  
**Volunteer Services**  
**PARENTAL CONSENT**

I hereby give permission for my child, \_\_\_\_\_, to become a Leahi Hospital VOLUNTEER. I understand that my child's services are donated to Leahi Hospital without expectation of compensation for future employment and are given for charitable reasons. I understand that my child will be provided orientation and training necessary for the safe and responsible performance of his/her duties. My child will be expected to meet all the requirements of the volunteer position, including regular attendance, and will adhere to Leahi Hospital's policies and procedures.

I release Leahi Hospital and its employees from any claim of liability for any damages, injury or illness resulting to my child which is not due to any fault or negligence on the part of Leahi Hospital while participating in volunteer activities.

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

\_\_\_\_\_  
Date

Please return form to Leahi Hospital Volunteer Services.