Consent for Tuberculosis & Immunization Screening

I have read the Tuberculosis and Immunization Screening information and understand that my (son/daughter), (Name) ____________________________, is required to participate in a Tuberculosis and Immunization Screening to participate in the volunteer program.

______________________________                  ______________________________
Parent/Guardian Name (Please Print)             Relationship

______________________________                  _________________
Signature                                     Date

All Summa Health volunteers are required to complete an annual tuberculosis (TB) and immunization screening. The tuberculosis and immunization screening is completed by the Employee Health Center at Summa Health—Akron Campus. The Tuberculosis Screening will be completed via a Quantiferon blood screening test or 2 step skin test. Volunteer applicants who are selected to participate in the program will receive a Tuberculosis and Immunization Record Form to take with them for their screening.

Volunteers are required to bring their immunization documents or records with them to their screening. Immunization records will be reviewed by the Employee Health Center at the time of the applicant’s tuberculosis screening.

Immunizations that are required to participate in the volunteer program are as follows:
- 2 doses of MMR OR positive titers
- 2 doses of Varicella OR positive titer OR hx of disease

Mail, email, or drop off completed forms to:
Summa Health—Akron Campus
Volunteer Services
525 E Market Street
Akron, Ohio 44309
volunteer@summahealth.org
CONSENT FOR EMERGENCY TREATMENT

In the case of an injury to my (son/daughter), (Name) ______________________________, while serving as a volunteer at Summa Health, I give my consent for the Hospital, its physicians, employees and agents to render emergency and other necessary medical treatment. As the parent/guardian of (Name) ______________________________, I/we release the Hospital, its physicians, employees and agents from any claim of unlawful invasion of the person of the minor predicated on consent to perform the emergency treatment in question.

___________________________________                     ____________________________
Parent/Guardian Name (Please Print)                     Relationship

___________________________________                     ________________
Signature                                                   Date

Emergency Contact Person 1:

Name: __________________________________________________ Relationship: __________________

Home Phone: __________________ Work Phone: __________________ Cell Phone: ____________

Emergency Contact Person 2:

Name: __________________________________________________ Relationship: __________________

Home Phone: __________________ Work Phone: __________________ Cell Phone: ____________
TEEN PARTICIPATION RELEASE FORM

In consideration of the ability to participate in the Volunteer Service Program offered by Summa Health and its affiliated hospitals and other entities, I hereby waive and release Summa Health and its affiliates from any and all claims, damages, liabilities, expenses, judgments, injuries and actions, known or unknown, including attorney fees and court costs, arising out of or connected with my teen’s participation in any volunteer service program at Summa Health and its affiliated hospitals and other entities.

I have been advised and I understand that it is my responsibility to consult with my teen’s physician with respect to any past or present illness or injury that may affect my teen’s ability to participate in the program.

I hereby voluntarily sign this Release and further acknowledge that this release shall be binding upon me, my heirs, executors, administrators and assigns.

Parent/Guardian of Minor Participant

___________________________________
Signature of Parent/Guardian

___________________________________
Printed Name

___________________________________
Name of Teen

___________________________________
Date
Photograph/Video Consent Form

Name of Teen Volunteer: ____________________________________________

I, on behalf of my minor child named above, hereby consent to allow Summa Health ("Hospital"), and its employees and/or agents, to take pictures and or video of me to use for its business and/or marketing purposes and agree that the Hospital and its designees may provide the negatives, prints or tapes prepared from such photograph to Hospital staff, physicians, health professionals and members of the public for education, treatment, research, scientific, public relations or charitable purposes.

I acknowledge and agree that the Hospital and its designees may disseminate the photographs in any manner consistent with the above stated purposes, including but not limited to, via the NEOUCOM College of Medicine television network, Hospital internal and external publications, Hospital Website, Hospital collateral pieces and advertisements.

I further acknowledge that by permitting the Hospital and its designees to use and disseminate these photographs, certain confidential medical information may be included and I hereby consent to the disclosure of this information.

I have entered into this Agreement in order to assist scientific, treatment, educational, public relations and/or charitable goals and hereby waive any right to compensation for such uses. I hereby hold the Hospital and its designees harmless from and against any claim for injury or compensation resulting from the activities authorized by this consent.

The term “photograph” as used in the foregoing Agreement, shall mean motion picture or still photography in any format as well as videotape, videodisc or any other mechanical means of recording or reproducing images.

_________________________________________________________  ________________________
Parent/Guardian Name (Please Print)   Relationship

_________________________________________________________  ________________________
Parent/Guardian Signature   Date

Legal

Approved as to Form: CAA; 2-4-20
TEEN LEAD PROGRAM
VOLUNTEER AND PARENT CODE

As a LEAD Program volunteer and a parent/guardian of a teen volunteer of Summa Health System we agree to make this the best possible volunteer experience by committing to the following:

♦ As a LEAD Program Volunteer, I will respect the vision, mission and values of Summa Health.
♦ As a LEAD Program Volunteer, I will perform my responsibilities in the way that is specified in volunteer orientation, the volunteer service description provided to me, and personal coaching and handbooks given to me.
♦ As a LEAD Program Volunteer, I will put the needs of others first, showing true service to others and the community.
♦ As a LEAD Program Volunteer, I will be responsible for being on time and providing excellent service throughout my scheduled volunteer shift.
♦ As a LEAD Program Volunteer, I understand there will be certain regulations in connection with my training and assignment that must be met.
♦ As a LEAD Program Volunteer, I understand there will be no hands on patient care at any time.
♦ As a LEAD Program Volunteer, I understand that I am required to participate in the leadership curriculum developed by the Volunteer Services Office.
♦ As a LEAD Program Volunteer, I understand that if I do not complete the required leadership curriculum, my status as a volunteer will be considered incomplete. An incomplete status means that I will not receive the LEAD Program volunteer portfolio. I also understand that I will not be able to use the Volunteer Services Office at Summa Health as a future reference source or receive a copy of my service hours.
♦ As the Parent/Guardian of a LEAD Program Volunteer, I will encourage my son/daughter to do their best in carrying out their volunteer roles.
♦ As the Parent/Guardian of a LEAD Program Volunteer, I will be responsible for making arrangements to get my son/daughter, who may or may not be driving, to his/her volunteer placement on time and picked up immediately after their assignment.
♦ As a LEAD Program Volunteer, I certify that all information I have supplied in this volunteer application and any other form required, oral or written is true and accurate.
♦ My signature on this page certifies that I agree to follow the volunteer code as stated above.

_____________________________  ______________________
Student’s Signature                  Parent/Guardian Signature

_____________________________  ______________________
Date                                  Date