

UCLA Medical Center
Department of Volunteer Services

Permission Slip for Students Under the Age of 18 Wishing to Volunteer Anywhere in the
Medical Enterprise

Dear Parent or Legal Guardian,

Your child has applied for volunteer service within the UCLA Medical Enterprise. We will be pleased to accept him/her as a member of our student volunteers if this meets with your approval and after he/she has completed our entry requirements.

In order to volunteer in the medical center, medical plaza, neuropsychiatric institute, or any of our ancillary areas, all persons must provide proof of proper health clearance. Our nurse can provide your child with all their needed vaccinations and tests, or you can have these done at your own doctor. The vaccinations needed vary with the area in which your child volunteers, but all volunteers must have a TB skin test within the past six months and their adult MMR booster. Some volunteers are required to have the Hepatitis B series and the Varicella series. Your child will be told exactly which vaccinations they need, based on the area to which they are assigned.

Please sign below authorizing your child to volunteer here. You may also sign allowing our nurse to vaccinate your child and give him/her a TB test if needed.

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Detach here and return to
Volunteer Office

My (our) daughter/son _____ has my (our) consent to
serve as a volunteer within the UCLA Medical Enterprise.

I understand the responsibility my son/daughter is taking on and will encourage his/her
promptness and regular attendance as promised.

Date: _____

Signature of Parent or Legal Guardian

I hereby give permission for my son/daughter _____
To receive all necessary tests and/or vaccinations as part of his/her health clearance for
volunteer work within the UCLA Medical Enterprise.

Date: _____

Signature of Parent or Legal Guardian