

VOLUNTEER RESOURCES

Emergency Medical Authorization

Permission is given to TriHealth and its representatives

to treat (volunteer name) _____
either by Employee/Student Health or the Emergency Department in case of
illness or work related injury while volunteering on Hospital premises.

Permission is also given for any procedure and/or testing connected with or
required for pre-volunteer assessment.

Volunteer's Date of Birth _____

History of Chicken Pox Yes _____ No _____ Don't know _____

Please note: Anyone receiving the TB skin test must understand that the site
must be read and documented by a physician or Registered Nurse 48 to 72
hours after the injection. Failure to do so may render the test invalid.

Signature of Parent/Legal Guardian Print Name

Phone _____ Date _____