



**CHINESE HOSPITAL**

845 JACKSON STREET  
SAN FRANCISCO, CALIFORNIA 94133

Youth Volunteer Parental Consent Form  
(Required for all youth volunteers under 18 years of age)

In order for your child to become a volunteer at Chinese Hospital, we need your consent and your involvement in helping them have a meaningful experience. Please read and sign this parental consent form. Should you have any questions about the nature of our program, now or at any time in the future, please do not hesitate to contact Chelsea Mao at (415) 677-2453 or <chelseam@chasf.org>.

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I, the undersigned parent/guardian of \_\_\_\_\_, who is at least age fourteen but not yet age eighteen, do hereby authorize my child to participate in such volunteer activities in Chinese Hospital's Volunteer Program. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to Hospital policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

I release and agree to indemnify and hold harmless Chinese Hospital from any and all liabilities related to or arising from my son/daughter's service as a volunteer, even if arising from the Hospital's negligence, to the fullest extent permitted by law. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my son/daughter's service as a volunteer.

In case of injury, I give permission for my son/daughter to be treated in the emergency/treatment center at Chinese Hospital. I understand that all efforts will be made to contact me before treatment occurs, and that it will only proceed without my verbal consent in case of extreme emergency.

This parental consent form shall remain effective for the period of time my son/daughter is a volunteer at Chinese Hospital.

I have read, understand, and accept these terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_