

Lake Regional Health System Junior Volunteer Program

Medical Treatment Consent Form

I, _____, give consent for my minor child, _____, to receive emergency medical treatment or medication, if needed, while working as a Junior Volunteer at Lake Regional Health System in Osage Beach, Mo. I understand that a reasonable attempt will be made to reach me before such treatment is administered.

Signature of Parent/Guardian _____

Date _____

Please indicate any known allergies your child may have: _____

Additional Information: _____

