



Volunteer's Parent Consent Form

Dear Parent/Guardian,

We are excited about your child's/ward's interest in volunteering with HealthServe. Before he or she can volunteer with HealthServe, we require your consent. Please sign this form if you consent to, or accept, the following:

- You give your consent to your child's/ward's participation in HealthServe's activities as a volunteer from _____ (start date) to _____ (end date).
- You understand that all volunteers below the age of 21 must have parental/guardian consent to volunteer; that HealthServe does not take in volunteers below the age of 18 at all our clinics.
You understand that HealthServe, its Board members, staff and volunteers will take all reasonable steps to ensure the safety of each volunteer but cannot assume responsibility for any loss, damage, harm or injury that your child/ward may suffer in the course of volunteering with HealthServe.
- In the event of any accident or illness requiring professional medical care, you authorise HealthServe's volunteer manager to act on your behalf in giving permission to obtain professional medical care for your child/ward if such care is deemed necessary by a licensed physician, hospital or other medical facility. You shall not hold HealthServe, its Board members, staff and volunteers responsible for any action taken in respect of such professional medical care.
- You agree to ensure your child/ward will act in a responsible and safe manner as well as to adhere to HealthServe's Volunteer Code of Conduct. You understand the activities your child/ward will be participating with HealthServe and confirm that he/she is medically, physically and mentally able to so participate.
- You agree to provide your and your child's/ward's personal data and particulars to HealthServe for the purposes of your child's/ward's volunteering activities with HealthServe. You also consent to photos or other media recordings of your child/ward to appear in any media relating to his/her participation with HealthServe.

Full name & NRIC of volunteer child/ward: _____

Child's/ward's contact no.: _____

Child's/ward's birth date (DD/MM/YYYY): ____ / ____ / ____

Child's/ward's home address: _____

Parent's/guardian's contact no.: _____

Full name & NRIC of parent/guardian: _____

Declaration

I have read and understood the terms stated in this form. I hereby give my consent to my child's/ward's volunteering with HealthServe.

Name of parent/guardian

Signature of parent/guardian

Date