

Consent to Provide Pre-placement Screening to a Minor

I am the parent or legal guardian of _____ and as such I authorize the Partners Occupational Health Services to provide medical care to my child for the purpose of screening my child for placement as either an employee or volunteer. I understand this care may include 1) drawing blood and testing it for immunity to measles, German measles, mumps, chickenpox, and Hepatitis B; 2) vaccinations against the infections just listed; 3) a skin test to check for tuberculosis infection; and/or 4) a chest x-ray if my child has had a positive skin test for tuberculosis in the past or during the pre-placement screening.

I understand that if my child requires vaccination I will be provided with a Vaccine Information Sheet by fax or email. By signing this form I acknowledge that I have read and understand this consent. I also understand that if I have any questions I can contact the Occupational Health Service at the number listed below so that my questions are fully answered prior to signing this consent.

PRINT YOUR NAME

PARENTAL SIGNATURE

Date: / /

My consent is effective from / / to / /

Please provide contact information as we must forward you a Vaccine Information Sheet if your child requires any vaccines.

Email address:

Fax Number: ()