



# TEEN PARENTAL APPROVAL FORM

Sparrow Health System			
Volunteer Services 1215 East Michigan Avenue PO Box 30480 Lansing, MI 48909-7980		Phone: 517-364-3606 <b>Teen Advisor: 517-364-3500</b> Fax: 517-364-3674	
<p>I hereby give my consent to have my son/daughter _____ to be a Teen Volunteer for Sparrow Health System and to receive an annual TB skin test for as long as he/she remains active in the volunteer program.</p> <p>I also authorize the Sparrow Health System Emergency Department physician and those physicians or personnel as he/she may designate to provide the above named patient all necessary medical care and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above.</p>			
Signature of parent/responsible relative/legal guardian		Date	
Relationship to Child		Telephone	
Address	City	State	Zip
Mother's Work Phone	Father's Work Phone	Guardian's Work Phone	
Son/Daughter's Birth date	Name of child's physician		
Last tetanus immunization date	Insurance information/numbers		
Known Allergies/Significant Medical History			