

Parental Approval Form
(Parent of Guardian Must Complete)

I hereby give my consent to have my son/daughter _____
Participate in a 2 hour or less job shadow experience at Sparrow Health
System. I also authorize the Sparrow Health System Emergency
Department physician and those physicians or personnel as he/she may
designate to provide the above name patient all necessary medical care
and treatment, including surgical intervention, if necessary, on behalf of
my minor child listed above.

Signature of parent

Date

Relationship to Child

Telephone

Address

City _____ State _____ Zip code _____

Mom/Dad/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: _____

In Case of emergency please contact (if different from above):

Name _____ Address _____

Phone _____ Relationship _____