Parental Consent Form

Dear Parent or Guardian:

Your child/dependent, who is under 18 years of age, has requested to participate in a clinical observership at The Johns Hopkins Hospital. Before they can begin an observership, your consent is required. Please carefully read and sign this consent form.

- I understand that my child/dependent (named below) wishes to observe a Johns Hopkins clinician as they provide medical care to actual patients in a hospital setting.
- I understand that my child/dependent must be at least **16 years of age.**
- I understand that my child/dependent will not receive school credit for the time observing.
- I understand that at no time will my child/dependent be allowed to provide direct patient care.
- I understand that I am responsible for providing proof of my child/dependent's influenza immunization prior to the date of observation.
- I assume full responsibility for any damage to person or property caused by my child/dependent.
- I give The Johns Hopkins Hospital permission to use their best judgment in providing medical treatment to my child/dependent in the event of an emergency.
- I affirm that my child/dependent has health insurance coverage.

Name of Observer (please print): _____

Signature: _____ Date: _____

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

Nature of Relationship: _____

Emergency Contact Number: _____

Complete and upload to your user profile, http://volunteerservices.jhmi.edu/pages/app:observer