

**Chesapeake Regional Healthcare**  
*2019 Student Volunteer Program*  
Permission Form

*This is to be completed and signed by the parent, OR legal guardian, & Student.*

I, \_\_\_\_\_ (parent/guardian's name) give permission for my child, \_\_\_\_\_ to volunteer at Chesapeake Regional Healthcare. I will ensure his/her transportation to and from the hospital. I understand that he/she cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift(s) and must be picked up promptly at the end of the volunteer shift. I also understand that student volunteers are not allowed to leave the CRH campus for lunch or any other reason.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Student Volunteer Signature

\_\_\_\_\_  
Date

In addition, I give the following additional permissions:  
(Please X as appropriate)

\_\_\_\_\_ Permission for his/her photograph to be taken and possibly published in a CRH publication.

\_\_\_\_\_ Permission for student to accept a volunteer placement at an off-campus location. This may require students to walk a short distance to a CRH affiliated business, separate from the main hospital building.