



APPALACHIAN REGIONAL HEALTHCARE SYSTEM

CONSENT FOR TESTING STUDENT VOLUNTEER/INTERN (UNDER 18 YEARS OF AGE)

I give permission for my child _____ to have the following tests as part of his/her health screening for participation in the student volunteer or intern program at _____. I am not aware that my child has ever received BCG (Tuberculosis Vaccine) or has ever had a positive reaction to a TB skin test.

Parent or Guardian Signature

Date