



## Consent for Minors

### Tuberculin Test

I do hereby give my permission for \_\_\_\_\_,  
who is my \_\_\_\_\_ to be tested for tuberculosis at Forks  
Community Hospital. I understand that a negative test result or a written  
release from his/her physician is required prior to performing volunteer  
service.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date