

To Whom It May Concern:

I give permission for my child _____ to receive, in Employee Health Services, the following:

- Tuberculin Skin Test (PPD)
- Influenza Vaccine (if applicable)
- _____ Other (Specify):

I, _____, understand that in order for my child to begin
(Parent Name, Please Print)
volunteering, these tests must be completed. Thank you.

I hereby consent to release the above information to the Volunteer Office. This information is required in compliance with applicable law 10 NYC RR 405.3 (b) (10). All information is considered confidential.

Parent Signature: _____ Date: _____

EHS Reviewer: _____ Date: _____