



**PARENTAL PERMISSION**  
for volunteers under **18 years of age**

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**Volunteer's Name**

If under 18 years of age, the signature of a parent or guardian is required.

I give my child permission to volunteer at Boston Children's Hospital.

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

Parent/Legal Guardian Name (printed) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_