

Attachment B - Template for parental permission for non-employees participating in job shadow, volunteer or other program in Aurora Health Care.



Aurora Health Care®

Dear Parent or Guardian,

Your son/daughter has expressed a desire to serve as a \_\_\_\_\_  
(volunteer/job shadow)

at Aurora Health Care. We are very pleased that your son/daughter is interested in \_\_\_\_\_.  
(list area of interest)

We need your commitment to stand behind your child's decision to \_\_\_\_\_.  
(participate in job shadow/volunteer)

We would appreciate it if you would sign the consent form below and return it to \_\_\_\_\_.

Sincerely,

Name  
Job Title

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My son/daughter \_\_\_\_\_ has my consent to \_\_\_\_\_  
(Job shadow/volunteer) at Aurora Health Care. We understand that he/she will

\_\_\_\_\_  
(job shadow with xxx department/volunteer xx hours/week)

\_\_\_\_\_  
Date

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