



PARENT / LEGAL GUARDIAN CONSENT FORM

(To be completed if applicant will be under 18 during Summer 2017 pre-employment and program)

We are pleased to consider your child for the 2017 KP LAUNCH High School Internship Program. Please complete this parental/legal guardian consent form and have your child return it with his/her completed KP LAUNCH application. Thank you for your cooperation.

My child, _____

(PRINT APPLICANT’S FULL NAME HERE)

has my consent to participate in the KP LAUNCH High School Internship Program should he/she be selected as an Intern. I assume all responsibility for his/her service in this Program to be in accordance with the policies, procedures, and expectations of Kaiser Permanente employees. I have reviewed the description of the Program. My child may participate in all activities in connection with his/her assigned duties, with or without accommodation.

I am the parent/legal guardian of _____ (date of birth: _____) ,

(APPLICANT’S FULL NAME,)

a minor child ("_____"), who has applied for a position as KP LAUNCH high school intern

(APPLICANT’S FIRST NAME)

in the Kaiser Permanente Medical Office Building located at _____, California.

(Address of Kaiser Permanente Facility)

On behalf of the applicant, I hereby consent to provision to him/her/them by Kaiser Permanente of any or all of the following pre-employment screenings, tests and/or vaccinations as required by Kaiser Permanente policy and/or California law:

- Pre-employment health screening, tuberculosis and infectious disease testing, including any chest X-ray as required to determine tuberculosis following the initial test;
- Urinalysis test to determine the presence of use of illegal drugs; and
- Either blood testing to confirm immunity, or appropriate vaccinations, but only if vaccination records or historical blood tests do not confirm immunity to measles, mumps, rubella, chicken pox or hepatitis B.
- I also consent to use of the results of such required and drug testing by Kaiser Permanente in the pre-employment process and the determination of the applicant's suitability for employment.
- I hereby authorize Kaiser Permanente to solicit all information relevant to my child’s application. This authorization includes an academic background check, and employment history. I authorize and request all persons, schools, employers, governmental and other agencies to release such requested information to Kaiser Permanente.
- In the event I cannot be contacted, I hereby give permission for Kaiser Permanente to administer emergency health care to my child.
- I give Kaiser Permanente permission to furnish transportation and to transport my child to special events or as needed as a condition of employment. I, forever release Kaiser Permanente and any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands for injury, death, or property damage, related to my child being transported as part of the KP LAUNCH internship program.

This permission is valid only during the intern’s working hours at Kaiser Permanente and for the duration of the KP LAUNCH High School Internship Program to which my child is applying, with the exception of any photographs/video recordings taken as they may be granted use by Kaiser Permanente to be used after the summer program ends.

Parent/Guardian Signature (required for applicants under 18 years of age)

Date