



FRIENDS
of
HOSPICE

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Suite 124
48 Par-la-Ville Rd.
Hamilton, HM 11
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PARENTAL PERMISSION AND HEALTH CONSENT

I (Mr./Mrs./Miss/Ms.)(please print)_____permit my daughter/son
(please print)_____to volunteer at Agape House with *Friends of Hospice*.

I realize the responsibilities of volunteering and will cooperate with my daughter/son to comply with the rules and regulations that have been adopted.

I understand that she/he will be working as a junior volunteer at Agape House.

She/he has my permission to work the required days and hours, as necessary.

HEALTH STATEMENT

My daughter's/son's health is GOOD_____FAIR_____OTHER_____

If other, please explain_____

Signature_____

(Please sign full name)

Today's date_____