



**Teen Leadership Council Application
Parental Consent Form**

I, _____ hereby give my consent for

to participate in the Teen Leadership Council at Arnold Palmer Medical Center in Orlando, Florida. I relieve and hereby agree to hold Arnold Palmer Medical Center's, its affiliates, directors, officers, agents, employees, and volunteers free from any liability related to the Arnold Palmer Teen Leadership Council.

Signature of Parent or Guardian/Relationship

Email

Date



Teen Leadership Council Application
Informed Consent-
Participant and Guardian

Vision: Orlando Health is a family of employees, physicians, community partners, and healthcare professionals. Together they are dedicated to superior service and are unwavering in their commitment to provide caring, quality healthcare to the people and communities of Central Florida. The Teen Leadership Council (TLC) at Arnold Palmer Hospital for Children will commit to the Orlando Health vision through promotion and improvement of family-centered care from the perspective of adolescents and young adults. Developmentally, this council will strive to make Arnold Palmer Medical Center (APMC) the best hospital possible.

Meetings:

- Sundays, every other month, from 4-6pm
 - Dinner will be provided
- Meeting will occur in the Arnold Palmer Hospital classrooms

Guidelines for Participation:

Please initial next to each guideline to demonstrate understanding and compliance

- _____ I am 13-19 years of age as of January 1, 2018
- _____ I have been directly impacted by the effects of a frequent, chronic, or life altering condition (impacted either by self or family)
- _____ I am able to provide my own transportation to attend quarterly meetings at Arnold Palmer Medical Center (i.e. personal or family transportation)
- _____ I am able to attend and complete the onsite orientation process through the teen volunteer program (2 hours onsite)
- _____ I will volunteer at a minimum of 2 hospital events per calendar year as part of my membership duties
- _____ I am able to commit to serving one year on the teen leadership council
- _____ I will be an active participant and respectful to other group members and facilitators
- _____ I understand that I will be released from this group if the above guidelines are not followed

Patient Printed Name _____

Patient Signature _____ **Date** _____

Please have parent/guardian read and sign below.

I agree with my child's decision to be a part of the Teen Leadership Council; at Arnold Palmer Medical Center (APMC), and feel that this is a beneficial opportunity. I can commit to ensuring that my child has transportation to and from quarterly meetings.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ **Date** _____