



Student Observer Program

Parent/Guardian Consent Form

I understand that my child/ward (a minor) is participating in the Student Observer Program at Community Hospital-Fairfax. I also understand that my child/ward has requirements/responsibilities within this program, of which he/she is aware, and that the failure to comply with these requirements/responsibilities may result in a dismissal from the program.

If the applicant is 18 years of age or under, a parent or legal guardian must read and acknowledge the Student Observer Program Overview.

I, _____, am the applicant's parent/guardian and I have read and acknowledged the Student Observer Program Overview.

Name of Student

Name of Parent/Guardian