

PARENTAL PERMISSION

Permission is given for my daughter/son _____ to join the Candy Striper/Cadet program at the Powell River Health-Care Facility (including the Evergreen Extended Care Unit and the Olive Devaud) and to work in an approved volunteer service.

I understand that neither the Candy Striper/Cadet Advisor, nor the Auxiliary of the Powell River Health-Care facility will assume any responsibility for the above named Candy Striper/Cadet prior to her/his signing in for duty or following her/his signing off duty.

I understand that I am responsible for her/his transportation to and from the Health-Care facility.

Signature: _____ Date _____