



ST. CATHERINE OF SIENA

Medical Center

50 Route 25A ♦ Smithtown, NY 11787
Phone: (631) 862-3000 Fax: (631) 862-3105

PARENT/GUARDIAN PERMISSION FORM

St. Catherine of Siena Health Care Apprentice Program

I hereby give permission for my Son/Daughter,

_____, who resides at

_____, to

volunteer at St. Catherine of Siena Medical Center, Smithtown, New York.

Furthermore, I accept responsibility for ensuring that

_____ has adequate and safe transportation to

and from the hospital for every volunteer shift.

Parent/Guardian _____

Date _____