



MAYO CLINIC

*Parental Consent*  
**TB Skin Test**

In order to be a Young Volunteer at Mayo Clinic, I give consent for a P.P.D. Skin Test (TB Skin test) to be administered at Mayo Clinic for my child \_\_\_\_\_ .

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Volunteer Services Representative \_\_\_\_\_

Date \_\_\_\_\_