



ATLS® Full Provider Course



Embassy Suites, Grapevine, TX, 76033



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### Subject: Parental Permission slip for Volunteers

DallasATLS.org is hosting an ATLS® (Advanced Trauma Life Support®) class for healthcare professionals at the venue and date outlined above, where we will need volunteers to portray trauma patients in an assessment scenario. This will require actors to be moulaged (make-up with fake wounds/injuries) and perform minimal acting - as you will be a mock "patient" (moaning in pain in response to the healthcare professionals interaction during their assessment).

Upon approval, additional timings will be given and specific instructions will be provided on the event in order to cater for the variations of clinical experience amongst the healthcare professionals. All actors/volunteers will be reimburse monetarily at \$70/day. We advise successful applicants to wear loose fitting clothes (that may get dirty) and bring water.

I give my permission for my child \_\_\_\_\_, to assist as a volunteer for DallasATLS.org .

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Incase of Emergency:  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_

Are there any concerns or special considerations that we need to know about?  
No \_\_\_\_\_ Yes \_\_\_\_\_

I, by submitting this signed parent permission slip, understand that DallasATLS.org s no way responsible or any injury or theft that may occur during my child's me as a volunteer. I release DallasATLS.org of responsibility or any and all damage to persons during this period. I also acknowledge that the above information is correct.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_