

**2026 Mini Lab Camp Permission Grant Consent Form**

**Permission Grant**

I understand the risks involved in being exposed to disease while working in a healthcare facility. I understand training in Infection Prevention to protect volunteers, staff and patients/residents will be provided.

Permission is hereby granted to this applicant to participate in *Future Laboratory Professionals: Without the Lab, They're Only Guessing* at Regional Medical Center sponsored by the Administration of the hospital.

I understand to participate this applicant must be current on all immunizations and free of communicable disease. Verification of immunizations may be required.

I verify I will be available to attend *Future Laboratory Professionals: Without the Lab, They're Only Guessing* in its entirety.

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Signature of Applicant

Date

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Signature of Parent/Guardian

Date