



**Parental Consent for Participation of a Minor
in the Statewide Emergency Registry of
Volunteers and the Medical Reserve Corps**

I give my permission for my child to participate in the Statewide Emergency Registry of Volunteers (SC-SERV) program and the Medical Reserve Corps (MRC). I understand that the SC-SERV and MRC programs are administered by the South Carolina Department of Health and Environmental Control (SCDHEC).

I understand that my child's participation will include the following activities:

- Providing personal demographic information through the SC-SERV registration site located at www.scserv.gov;
- Attending SC-SERV and MRC orientation, training, and exercise sessions;
- Receiving notifications by mail, phone, or email that the SC-SERV or MRC program is requesting the assistance of my child as a volunteer during public health activities; and
- Providing volunteer services to the SC-SERV and MRC programs under the direction and management of SC-SERV, MRC, or SCDHEC personnel.

I have been provided, and have reviewed, a copy of the questions and information fields that my child will be asked to answer when registering as a volunteer at the SC-SERV website. Further, I agree to allow my child to answer all the required questions that will be asked during the registration process.

I understand that, as a volunteer, my child will not be covered by South Carolina workers compensation laws. My child will be covered by SCDHEC's tort liability insurance policy for injuries to third parties.

Before I signed this form, a representative of SCDHEC explained to me the SC-SERV and MRC programs and the nature of the volunteer work that my child might be asked to perform. I was given an opportunity to ask any questions that I had. I understand the information that was provided to me. I was also given contact information for a SCDHEC representative that can answer questions I might have at a later date.

Child's Name

Parent/Guardian Signature

Date

Child's DOB