



ATLS® Full Provider Course



Embassy Suites, Grapevine, TX, 76033



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Contact@DallasATLS.org

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 is no way responsible for any injury or theft that may occur during my child's time as a volunteer. I release DallasATLS.org of responsibility for 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: _____