Parental Consent

I understand that if my child is accepted to participate in the East Tennessee State University, College of Medicine Simulation in Action Summer Camp, s/he will be present on the College of Medicine campus, fully participating in all scheduled activities, in order to complete the Camp requirements.

I further understand that the Camp will provide my child with an opportunity to learn about various health careers through activities such as a tour of the College of Medicine, classroom discussions, laboratories, simulated medical encounters, and working with health care professionals.

I understand that my child will be expected to abide by the Camps rules and directions of the adult leaders and those reasonable efforts will be made to contact me should my child fail to comply with rules and directions. I understand that ETSU staff and adult leaders will be with my child during the scheduled activities, and will be available to my child in the event of an emergency. I understand and agree that, except in an extreme emergency, my child will be required to be in her/his assigned activity location during the hours of the camp up until released from the camp at 3:00 pm, or up until transportation back to her home campus.

I understand that transportation to and from the Camp will not be provided by ETSU or the College of Medicine. I also understand that there is no fee for participation in this camp and this camp is provided gratis as an educational service to my child.

I accept responsibility for providing or arranging my child’s transportation to and from the program.

I understand that my child may be videotaped, photographed, and/or interviewed as s/he participates in Camp activities and I give my permission for publication in newspapers, press releases, academic journals or meetings, and/or on television for purposes of promoting the College of Medicine and this Camp.

I understand that, for purposes of demographic tracking, my child may be contacted in the future to determine his or her academic pursuits and career choices, and I give ETSU and the College of Medicine permission to do so.

I understand that the Camp participants may take part in many types activities that may potentially emotionally disturbing or harmful (e.g. viewing a cadaver, suturing). I hereby give my permission for my child to participate in such activities.

In discussions relative to healthcare technology and developments, moral and ethical questions may arise. I understand my child may be exposed to points of view which may or may not agree with my/our family’s beliefs or values.

- In the event your child is **physically or medically limited from participation in the Camps activities or otherwise not permitted** to participate in certain activities, please list the prohibited activity(ies) or limitations here:

I hereby agree to comply with the terms and conditions outlined above:

Student Name: _______________________________ (please print)

Parent/Guardian Signature: ____________________ Date: __________________

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