



Parent Permission Form

Affiliation

Parental Consent for Student to Participate in AHEC Workshop

By signing this agreement, parent/guardian consents that _____ (child’s name) may participate in the “AHEC Discovery Camp on July 22-26, 2019 at Phelps Health in Rolla, Missouri. The camp will be from 12:00-4:00 on Monday, July 22 and from 8:00 am – 4:00 pm Tuesday to Friday. The camp is facilitated by the Mid-Missouri Area Health Education Center (AHEC). Parent/guardian further acknowledges that Phelps Health, Mid-Missouri AHEC and any other collaborating institutions will not be held responsible for any injury or accident that might occur while the child is participating in this program. Medical expenses incurred as a result of injury or accident will be the responsibility of the student/parent.

Media Release

Student and parent/guardian give permission for video/photographs to be taken of student to be used in publications, newspapers, television, website, or other visual and social media (such as Facebook or Twitter) as related to the Mid-Missouri AHEC Health Career Preparation programs. Videotapes/photographs become the property of the Mid-Missouri Area Health Education Center and may be used for news, education, or other purposes related to the advancement of the program.

Please initial one:

- My child’s photo MAY be used in video/photographs
- My child’s photo MAY NOT be used in video / photographs

Fee Assistance

A limited number of need-based scholarships are available upon request. Please attach a short paragraph in writing describing your need for assistance. Approved scholarships will cover up to \$50 of the costs. Participants will still be responsible for \$50 of the program.

Student Signature

Date

Parental Permission for students under 18

I have read the above and agree that my child may participate in the 2019 AHEC Discovery Camp .

Parent / Guardian Signature

Date

Mid-Missouri AHEC

1110 West 11th Street ~ Rolla, MO 65401 ~ 573 458-7281~ sbowles@maheclibrary.org