

Parental/Guardian(s) Consent for Student Participation in M*A*S*H*

Name of Child: _____ Last four digits of Social Security Number: _____

I understand that my child has been selected to participate in the Medical Applications of Science to Health (M*A*S*H*) Program at UAMS, and I hereby give my permission for my child to participate in this program. I agree to execute the Confidentiality and Hold Harmless Agreement and to make my child aware of his/her responsibilities included in the Agreement.

Initial

I am aware that regular attendance at the M*A*S*H* Program and adherence to both UAMS and associated organizations policies and procedures will be required of my child, to follow the protocols, **including any Covid-19 protocols such as mask and social distancing requirements.**

Initial

I authorize UAMS to release my child's name, hometown and the name of the school my child attends while participating in the M*A*S*H Program to certain stakeholders of the program and others as they deem necessary to further promote the program.

Initial

I understand that it is my child's responsibility to become familiar with all orientation materials.

Initial

I give my permission for my child to participate in a Cardiopulmonary Resuscitation (CPR) course, which may include a risk of physical strain, the possibility of cross infection, or emotional stress. If my child has a medical history that may be aggravated by this course, I will consult his/her physician to determine if my child should participate in the CPR course.

Initial

I understand that various departments and clinical services at UAMS Medical Center and associated organizations may allow my child to observe and participate in available and appropriate activities.

Initial

I consent to and authorize UAMS and associated organizations to use my child's photograph for education and public relations purposes related to the M*A*S*H* Program.

Initial

I am aware that my child will be expected to follow instructions, to be punctual, to be courteous, and to avoid unsafe acts. This will include respecting confidentiality, following a specified dress code, and refraining from using a cell phone during the program. I understand that violations of these rules may result in dismissal of my child from the program.

Initial

I understand that I am responsible for my child's daily transportation to and from the program site.

Initial

Please sign after you have read and initialed all the above statements.

Print Name: _____ Relationship to Child: _____

Signature: _____ Date: _____