



Confidentiality Agreement (Minor)

Name of Child: _____ Date of Birth: _____

As the undersigned parent(s) or legal guardian(s) of _____, a minor child, I (We) hereby consent to the participation of said child in a volunteer program of the University of Arkansas for Medical Sciences (UAMS) and/or other associated Hospital or Facility through the volunteer program. I (We) understand and agree that said child is to abide by all rules and requirements requested by UAMS and to conduct herself/himself in an appropriate manner.

I (We) understand that in the course of the child's participation in this program and tour, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary, trade secret or otherwise confidential nature. I (We) agree that, during the child's participation in the program and after the conclusion of the program, said child will not disclose the confidential information to anyone, including myself/ourselves, in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) hereby consent to and expressly authorize the release of said child's name, hometown and the name of the school said child attends while child is participating in the program. I acknowledge that UAMS may release this information to stakeholders of the pre-health programs, Arkansas Colleges and Universities, and others UAMS deems necessary to further the program. I acknowledge that this is a limited release of confidential student information under the Family Educational Rights and Privacy Release Act ("FERPA").

I (We) agree that these conditions and agreements are binding on all of my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions. This authorization was signed voluntarily with the express understanding that this release will allow access by certain individuals to limited student information about said child that participates in this program.

Signature _____ Date: _____

State relationship to child: _____

Signature _____ Date: _____

State relationship to child: _____