

SHPEP- YES WISH Parent Permission Form

I am the parent/legal guardian of _____, who is under the age of 19 years and who wants to participate in the Summer Health Professions Education Program (SHPEP) – Youth Enjoy Science (YES) - Weeklong Institute for Students in High School (WISH). In consideration of my child's participation in the program, I hereby release and discharge the University of Nebraska, its employees, agents, volunteers and assigns (the "Releasees") from any and all liability, claims, claims for relief, damages, actions, causes of action and actionable wrongs of any kind, even if arising from the negligence of the Releasees, arising at law or in equity as a result of any and all actions and/or omissions of the University of Nebraska, its employees, agents, volunteers for damages or injuries occurring to my child arising out of my child's participation in the program, whether such liability or claim arises from an injury occurring on the University of Nebraska premises or elsewhere.

Initials: _____

I understand that the SHPEP-WISH staff is not trained or required to administer injections or medications or to perform medical procedures. I understand that the University of Nebraska will allow participants with parental permission to self-administer medications and/or injections where such medications and/or injections are physician ordered and directed.

Initials: _____

My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any health care provider to provide treatment promptly, whether or not I may be contacted and informed. I understand that I will be notified as soon as possible in the event of an emergency. I further authorize the program staff to examine and render emergency or urgent medical care as they deem necessary.

Initials: _____

In case of an emergency, please notify:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Daytime Phone: (_____) _____ - _____

Daytime Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Media Release Authorization: These materials can cannot contain my child's name. I do do not consent and authorize University of Nebraska, its employees, agents, and event partners to take photos, produce newspaper or magazine articles, television programs, video recordings, and other visual and/or audio recordings in which my child may be included in whole or in part. I understand that my child's photograph may be used for educational and public relations purposes. I waive any proprietary rights in the materials and any right to inspect or approve the finished materials prior to publication. I release the University of Nebraska Medical Center, its employees, agents, and event partners from any claims arising from the use of such materials.

Initials: _____

I understand that short skirts/shorts, midriff tops, spaghetti straps, and the display of undergarments are not appropriate attire for this event. I will ensure that my child has appropriate clothing for this event. For the safety of my child, I will also ensure that my child has closed-toed footwear available to wear during all activities.

Initials: _____

I understand that the program director reserves the right to refuse or dismiss a participant for just and reasonable cause. There is a no tolerance policy on fighting, stealing, using weapons of any kind, smoking, using drugs, and drinking alcohol. If my child engages in any of these behaviors, my child will be suspended and local law enforcement may be contacted. I understand that I will be asked to pick up my child immediately, at my own expense.

Initials: _____

Initials: _____ I understand that my child's participation in this program is contingent on signing this permission form.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

This program is supported by federal grant funds from National Cancer Institute (# R25CA221777), the NE-HEALING program at UNMC, and the Robert Wood Johnson Foundation (# OD021898).

Scan and Email your permission form to aislinn.rookwood@unmc.edu. All permission forms must be received or postmarked no later than **April 7**. If

you are unable to access email, please mail your recommendation to:

Mailing address: SHPEP-YES-WISH c/o Aislinn Rookwood
984365 Nebraska Medical Center / Omaha, NE 68198-4365