



**MEDEX ACADEMY
Consent Form**

(This form is required for students 21 years of age and older)

Student Name: _____

Emergency Contact: _____

Relationship: _____

Contact Numbers: (day) _____ (night) _____

Alternate Emergency Contact: _____

Relationship: _____ Number: _____

Allergies, Medications, Other Pertinent Medical Information: _____

- I hereby release employees of Prisma Health from any and all liability for injuries, illnesses, or other damages that may be incurred by the student named above during the course of any and all activities, including transportation to and from activities.
- I give permission to be photographed, videotaped or interviewed during this program to be used later for promotional or educational purposes.
- I agree to allow data collected pertaining to myself in the MedEx Academy to be used for research or statistical purposes.
- Should it be necessary for me to have medical treatment while participating in MedEx Academy experiences, I hereby give Prisma medical personnel permission to use their best judgment in rendering medical services to me.

I agree to the above statements and consent form.

Name (printed): _____

Signature: _____ Date: _____

Applicants should upload the completed form into the MedEx application system via Interfolio.