



**MEDEX ACADEMY
Parental/Guardian Consent Form**

(This form is required for students younger than 21 years of age)

Student Name: _____

Parent(s) Name(s): _____

Contact Numbers: _____

Alternate Contact Name: _____

Relationship: _____ Number: _____

Allergies, Medications, Other Pertinent Medical Information: _____

- My child has permission to participate in the MedEx Academy at Prisma Health.
- I hereby release employees of Prisma 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 for my child 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 my child's participation in the MedEx Academy to be used for research or statistical purposes.
- Should it be necessary for my child 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 for my child.

I agree to the above statements and consent form.

Name of Parent/Guardian (printed): _____

Signature of Parent/ Guardian

Date

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