

**MICHIGAN STATE UNIVERSITY YOUTH PROGRAM  
PARENT/GUARDIAN CONSENT FORM**

I grant permission for (print participant's name) \_\_\_\_\_ to participate in all educational and social activities of the following MSU program or activity:

Program name: \_\_\_\_\_ Technovation \_\_\_\_\_

Program dates: \_\_\_\_\_ Sep 28 - Nov 23 \_\_\_\_\_

MSU unit/department: \_\_\_\_\_ CSE & WIE K-12 Outreach \_\_\_\_\_

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child's selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards their safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

\_\_\_\_\_

(Parent or legal guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program: Technovation

Dates Attending Sep 28 - Nov 23

## MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name:

\_\_\_\_\_  
Last First M.I.

Birth date: \_\_\_\_\_

Parent phone: day ( ) \_\_\_\_\_ evening: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary care physician's name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION (If the participant does not have health insurance, please indicate 'NONE'):

Policy holder's name and relationship to participant \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Please attach a photocopy of both sides of your insurance card **OR** complete the information requested below.

Insurance company name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance company phone number: (\_\_\_\_) \_\_\_\_\_

All policy numbers (please identify): \_\_\_\_\_  
\_\_\_\_\_

If you have HMO insurance, please list the emergency treatment authorization phone number: (\_\_\_\_) \_\_\_\_\_

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business phone (\_\_\_\_) \_\_\_\_\_

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

**YES NO**

Does the participant have any chronic health problem or illness? \_\_\_\_\_

Does he or she have any acute illness now? \_\_\_\_\_

Has the person been treated recently for some medical problem? \_\_\_\_\_

Does he or she have any allergies? \_\_\_\_\_

Does he or she have any allergies to medication or local anesthetics? \_\_\_\_\_

Date of his or her last tetanus shot \_\_\_\_\_

List any medications he or she is now taking for treatment of any medical problem. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), \_\_\_\_\_, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

\_\_\_\_\_  
Signature of Parent/Guardian or of participant aged 18 and up

\_\_\_\_\_  
Date

## MICHIGAN STATE UNIVERSITY MEDIA RELEASE FORM

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered without compensation or liability, in perpetuity.

Print subject's name: \_\_\_\_\_

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_