Office of Student Pipeline Programs

Johns Hopkins University School of Medicine Attention: Administrative Secretary

1620 McElderry Street Reed Hall, Room 426 Baltimore, MD 21205

Template for Parental Consent Form (if under 18 years old) (Please feel free to adapt to your individual program.)

# Dear Parent or Guardian:

In order for your child to participate in a youth/undergraduate or summer program at the Johns Hopkins University School of Medicine (JHUSOM), we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please email the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine at SOMYouthPrograms@jhmi.edu.

# Name of participant:

* I understand that my child (named above) is going to be a participant, and I hereby give permission for him/her to serve in that capacity at the Johns Hopkins University School of Medicine.
* I understand that my child must be at least 14 years of age.
* I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to JHUSOM, hospital, and department policies and procedures.
* I understand that my child will be provided emergency medical care if injured while he/she is on duty as a participant.
* I authorize the release of educational recommendations from my child’s school to the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine.
* I authorize the Office of Student Pipeline Programs, Johns Hopkins University School of Medicine to publish or release to the media any pictures of my child during his/ her time as a participant at the Johns Hopkins University School of Medicine for promotional or recognition purposes only.

□Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release.

*Note: The statement regarding the publishing or releasing to the media your child’s photograph does not hinder the process of your child from becoming a participant at the Johns Hopkins University School of Medicine.*

# Parent/ Guardian’s Name (please print):

Signature:

# Date: