



# Permission Form

**Dear Participants, Parents, and Guardians,**

It is an option for the students to not participate in any lecture or practical exercise that they are uncomfortable with. If at any time your child feels uncomfortable in a lecture or practical exercise, they will be excused from the class and supervision will be provided by a teaching assistant outside of the instructional area.

**PARENT/GUARDIAN CONSENT** - Required for all MSU youth participants

I give permission for my student, named below, to participate in the Osteopathic Manipulative Medicine session on Friday, November 4<sup>th</sup> morning. I understand that this encounter serves only as a health screening and should not be a substitute for my regular healthcare visits and that no diagnosis will be made. The medical staff may recommend follow-up with my healthcare provider(s), but is in no manner responsible for arranging or supervising such care. The staff may consist of medical students and licensed physicians and other individuals associated with MSU College of Osteopathic Medicine (MSUCOM) and its partners.

I hereby grant permission to MSUCOM to photograph/video/record my minor child, named below, during the visit day on November 4<sup>th</sup>.

I understand and give my permission for MSUCOM to use the image and/or voice of my child named below, in publications, videos, mass media, or other venues, for educational, service, research or public relations activities association with this service.

I hereby grant permission for my student, named below, to participate in all educational and social activities of the visit day sponsored by MSU College of Osteopathic Medicine.

I understand that if my child feels uncomfortable with any part of the lecture or practical, they can elect not to participate. I have read the session descriptions and approve of my child's selections. I accept any risks associated with these sessions and selected recreational activities.

**STUDENT NAME (please print):**

**Name of parent/guardian (please print):**

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**Relationship to Minor:**

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