

Program DMC Visit Day

Dates Attending October 5th 2024

**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:

Birth date: _____

Last

First

M.I.

Parent phone: _____

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



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 Saturday, October 5th 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 October 5th.

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):

Relationship to Minor:

Signature: _____ **Date:** _____



Positive Behavior Contract

Dear Participants, Parents, and Guardians:

We are very excited for the positive contributions each of you will make during your visit day on October 5^h. Please read and initial the following statements to confirm your commitment to the following positive behaviors.

As a participant, I commit to:

- _____ Making a strong effort to engage in academic and social programming
- _____ Working and interacting constructively with other participants
- _____ Respecting the needs and feelings of others
- _____ Showing respect for staff through my attitude and behavior, which includes following written and verbal directions
- _____ Avoiding violent language and threats
- _____ Restricting my language to non-offensive words

As a participant, I also understand that:

- _____ Staff will exercise a zero-tolerance policy regarding physical and verbal violence, as well as illegal substances and items.
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Having read and understood the Positive Behavior Contract, I sincerely commit to these policies. I understand that breaking my commitment to these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the program, and being prohibited from returning to this and/or future MSUCOM programs.

Participant Name (please print): _____

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____