

## Consent to Participate:

By signing below you are giving consent to the participation of your son or daughter in the program and activities of Health Delivery, Inc. /School-Based Health Center according to the following terms and conditions.

I am the parent or legal guardian of the child named below, and **I fully approve and consent to my child's participation in the Health Delivery, Inc./School-Based Health Center and in all related activities.** I understand that Health Delivery, Inc./School-Based Health Center will supervise my child's participation in these activities, and **I fully authorize the Health Delivery, Inc./School-Based Health Center, and its personnel, representatives, and volunteers to furnish my child with any necessary transportation, food, or lodging relating to these activities.** I agree that I cannot hold Health Delivery, Inc./School-Based Health Center responsible for any actions by my child or any damages or harm those actions cause to my child or others, and I agree to hold harmless and indemnify the Health Delivery, Inc./School-Based Health Center and any of its sponsor, board members, employees, agents, and volunteers from any liability (including but not limited to liability arising from claims for negligence or other wrongful conduct) for personal injury, sickness, death, property damage, and expenses, other than the aforementioned food, lodging, and transportation expenses, which may be directly or indirectly incurred by my child as result of or in connection with my child's participation in the Health Delivery, Inc./School-Based Health Center and related activities.

**I grant permission for my child to appear in person or in voice, video, or photographic presentation for radio, television, print, or Internet as it related to these activities as affiliated with Saginaw Public School District and Health Delivery, Inc.**

In the event the Health Delivery, Inc./School-Based Health Center is unable to contact me or to secure my oral consent in the case of a medical emergency involving my child, I hereby give the Health Delivery, Inc./School-Based Health Center and its representatives permission to transport my child to a doctor or hospital and secure proper medical care and assistance for my child, including, but not limited to, hospitalization, treatment, medication, or x-rays. I further authorize any treating physicians to use his discretion on providing emergency treatment; I agree to assume the responsibility for all medical bills for any treatment provided to my child and for any related expenses.

**I have read the entire document. I understand it is a release of all claims. I understand that I assume all risks of injury involved in these activities and voluntarily sign my name.**

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SON/DAUGHTER'S NAME

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PARENT/GUARDIAN'S NAME

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PARENT/GUARDIAN'S SIGNATURE

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DATE

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STREET ADDRESS

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CITY

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ZIP CODE

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HOME PHONE

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WORK PHONE

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CELL PHONE

### IN CASE OF EMERGENCY, PLEASE CONTACT:

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NAME

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RELATIONSHIP TO CHILD

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TELEPHONE