

If you are under the age of 18, your parent or legal guardian's signature is also required below.

I acknowledge that I am _____ parent or legal guardian and I consent to his/her participation in a learning experience with UK HealthCare. Furthermore, I acknowledge the information outlined in the *OLE Requirements Packet*, *HIPAA Education Document*, *Orientation Guide* and *Volunteer Services Agreement* (if applicable) and understand I am liable for the minor's compliance with standards, policies, and regulations during the learning experience.

- a) I certify that the minor has never been adjudicated or convicted of the crime of assault, battery, abuse, or other violent crimes against persons. I understand that convictions, adjudications, guilty pleas and Alford/"no contest" pleas reasonably related to the learner's activities, as well as any other reason permitted by policy or law, are ground for denial of the minor's student activities and volunteer research service at UK HealthCare.
- b) In emergency situations – including, but not limited to the event of injury, accident, or illness – I authorize UK HealthCare staff to consent to medical transport, examination, and treatment of the minor, and to release protected health information from medical records of the minor. I hereby agree to release, indemnify, and hold harmless UK HealthCare, its trustees and employees from any and all liability for any injuries arising out of emergency medical care and treatment. This waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

Printed Name of Parent/Legal Guardian

Phone Number

Signature of Parent/Legal Guardian

Date