

Auxiliary to the Charles R. Drew Medical Society
Twenty-Third Annual Collaborative
Teen & Adult Health Conference
Saturday, April 6, 2019
Parental Consent Form

I certify that I am the parent or legal guardian of

_____, and give my consent for
(Please PRINT Child's name)

her/him to participate in the activities and presentations offered at the Health Conference on Saturday, April 6, 2019. I understand that the specific presentations for females and males Will contain information related to the functioning of the human body at an age appropriate level, how to care for themselves, self- esteem and relationships to peers of same and opposite sex. I understand that some of the content may be of a sexual nature. I further give permission for her/him to be photographed, interviewed and/or videotaped during the various conference activities which may be publicized in the media.*

(Print Name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

Date: _____

Hold Harmless Clause: Collaborators of the event will not be liable for any injury which occurs during the event.

This form must be submitted prior to entry into Conference during the registration process.