

Missouri Area Health Education Centers

Connecting students to careers, professionals to communities, and communities to better health



Student and Parent Understanding of Release:

Student Expectations:

- Students are expected to display professional behavior throughout the program including all events and workshops (this includes appropriate dress).
- The use of profane or vulgar language will not be tolerated.
- Cell phones will be kept on silent/vibrate. Students will be allotted breaks to use their cell phone and at other times will be actively involved in the workshop.
- Students must wear closed toed shoes to workshops.
- Students will wear their hair pulled back and out of their eyes and face.
- Students participating must stay with the group for the duration of the workshop, and will not leave until the workshop is over. (unless there is an emergency)
- Students are expected to attend the entire workshop and actively participate in workshop activities. If the student has any physical limitations, they are to be provided in writing on the application. This would also include any medications that they may need during a workshop or strenuous activity. (examples: inhalers, epinephrine pens, etc)
- If the student is exposed to protected health information, through shadowing/volunteering they will abide by the HIPAA laws and not disclose anything they hear or see to anyone for any reason. An overview of the HIPAA laws can be found at: <http://www.hhs.gov/sites/default/files/privacysummary.pdf>
- Students will provide their own method of transportation to and from the workshops.

I hereby consent that if I/my child am/is accepted to the ACES program, workshop, or event, I/they will be exposed to various potential hazards. In our efforts to prepare them for the medical field, we may travel to visit various professional schools or for workshops. They may also be exposed to sharp objects or chemicals in labs, dissections, and cooking workshops such as knives, scalpels, tweezers, probes, or formaldehyde. I acknowledge that the Southwest Missouri Area Health Education Center, Missouri State University, and its workers or volunteers, will not be held responsible for any injury or accident that might occur while traveling or participating in this program and that any medical expenses incurred as a result of such injury or accident will be my responsibility. I/they understand and agree to act responsibly and comply with rules, expectations, and regulations of Missouri State University, and its workers, or volunteers. Failure to comply may result in dismissal from a workshop or in severe cases the program entirely.

Media Release:

I authorize the Southwest Missouri Area Health Education Center (SWMO AHEC), Missouri State University, and those acting under its permission or authority, to permanently use and publish for lawful purpose any video pictures/photographs of me in which may be included in whole, or in part, or any words I have spoken about the program and its workers for the duration of my enrollment/renewal in the program. I waive my right that I may have to approve the finished product or copy or use to which it may be applied. I release and discharge SWMO AHEC and those acting under its permission or authority, from any liability for the use of any picture or video of me, or of any words I have spoken about the SWMO AHEC program and its workers.

I have read the release before signing it, and am fully familiar with the contents thereof.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required if student is under 18 years of age)

Return to:
Heather Phillips- Springfield AHEC
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Email: Heather17@missouristate.edu