



los angeles pediatric society

41st ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM
JULY 5 – 30, 2010

**Consent and Agreement Form for Student Participation in the
Eve and Gene Black Summer Medical Career Program**

As the parent or legal guardian of (Student Name) _____
(Even if a student is 18, this form must be read and signed by a parent or guardian.)

I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Eve and Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").
2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.
3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS including participating hospitals and other healthcare providers, and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.
4. On behalf of Student and myself, I agree to maintain the privacy and confidentiality of patient medical information as required by law.
5. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to the Student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.
6. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.
7. Prior to the start of the Program, LAPS will require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication(s) currently being used. Sponsoring hospitals may require a medical release from a student's doctor before being accepted into the program. Students with medical conditions that put them at risk in a hospital setting will not be accepted into the program.
8. Upon selection, a student's Social Security number may be required for participation.
9. I have read and understood this consent and agreement in its entirety and have had the opportunity to discuss it with a representative of LAPS. By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow a Student to participate in the Eve and Gene Back Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please Enter Parent/Guardian Contact Information Below:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Emergency Contact (other than parent/guardian) _____ Relation _____

Home Phone _____ Cell _____ Work _____