

# HANDS ON HEALTHCARE

## Parent or Guardian Release

Participation in the Bellin College Hands On Healthcare field trip is a unique experience. Students will be rotating through various stations that include heart anatomy, physical therapy/athletic training, manikin "patient" assessment, wound care, IV insertion, trauma simulation, sterile technique, x-ray and ultrasound. Because of the realistic hospital environment that our college offers, please speak with your child about his/her comfort level in the above areas. In order to participate, a student must be comfortable with all areas and have a parent signature below.

I hereby release Bellin College and all personnel and/or employees from all claims on account of any injuries which may be sustained while attending the Hands On Healthcare event; and I agree to indemnify Bellin College and its personnel and/or employees for each claim which may hereafter be presented as a result of any such injuries. I also certify that the enrollee is medically fit to participate in Hands On Healthcare.

### Photography Consent/Model Release Form for Minor Child (under 18)

I, \_\_\_\_\_, parent or legal guardian of  
*(parent or guardian name- PLEASE PRINT)*

\_\_\_\_\_ do hereby grant permission to Bellin College and its  
*(print child's name- PLEASE PRINT)*

employees or personnel, to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials pertinent to the College as follows:

- in printed publications or materials, including local, state, & national publications
- in electronic publications or presentations
- on the Bellin College website ([www.bellincollege.edu](http://www.bellincollege.edu)) and social media pages

I understand that my child's identity will not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All prints, digital reproductions and videotape shall be the property of Bellin College.

***\*By signing below, I agree to allow my child to participate in Hands On Healthcare and consent to the media release.***

\_\_\_\_\_  
*Signature of parent/legal guardian*

\_\_\_\_\_  
*Date*

Please list any food allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

