



**SAGES 2018 Mini Medical School Boot Camp
Application & Permission Form
Saturday, April 14, 2018; 7:30am – 2pm
Washington State Convention Center, Seattle, WA**

Guidelines: Parents are responsible to transport their children to the program and back home. Children must be dropped off and sign in by 8am, and be picked up at 2pm, at the Washington State Convention Center, Seattle, WA - SAGES Meeting. Lunch will be served. There is no charge for the students to attend the program. Upon completion, each student will receive a certificate of participation as well as the possibility of winning special recognition awards.

School Teacher/ Counselor to fill out:

Final application deadline is March 16, 2018!

School Name: _____

Student First and Last Name: _____

Current Grade: _____ Current GPA: _____

Teacher/Counselor's Name, area code and phone: _____

Statement of Support (use additional pages if necessary): _____

Teacher's/Counselor's Signature

Date

Parents to fill out:

Emergency contact (name, area code & phone#): _____

I give permission for my child (full name): _____

to attend the Mini Medical School Boot Camp on Saturday, April 14, 2018 from 7:30am to 2pm.

Email Address (for confirmation/acceptance) : _____

Photo and Video Release Form - Permission to Use Photograph and Video Recording

I grant to **SAGES**, the right to take video and/or photographs of _____ (print participant's name) in connection with this event. I authorize **SAGES**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **SAGES** may use such videos and/or photographs of the participants with or without their name identification and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Emergency Treatment Consent

In case of an emergency, I give permission for my child to receive medical treatment deemed necessary and appropriate by any physician present, and I accept responsibility for any cost incurred for such treatment.

I have read, understand and agree to the above:

Parent/Guardian First & Last Name _____ 10-Digit Phone# _____

Parent/Guardian Signature _____ Date _____

**Submit this form to SAGES office by Friday 3/16/18; attn: SAGES Mini Med School-Betty Mulugeta,
via email minimedschool@sages.org or via fax #310-437-0585**

Selected students will be send confirmation via email by Friday, March 30th.

Incomplete applications will be not be considered.