

Template for Parental Consent Form (if under 18 years old)  
(Please feel to adapt to your individual affiliated JHU program)

Dear Parent or Guardian:

In order for your child to participate in a Johns Hopkins University affiliated program, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call JHU SOURCE at (410) 955-3880 or email [source@jhsph.edu](mailto:source@jhsph.edu).

Name of child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Telephone No. \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Telephone No. \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

In connection with and consideration of my child's (named above) participation in the \_\_\_\_\_ and related activities, I, on behalf of my child and myself, my heir(s), personal representative(s) and assign(s), hereby represent and agree as follows:

- I understand that my child will be a participant in a JHU affiliated program and related activities, and I hereby give permission for him/her to serve in that capacity at JHU.
- I understand that my child will be provided with the orientation and training necessary, and as needed, for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to JHU, hospital, and department policies and procedures.
- Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child's participation in the JHU program or related activities, I consent to any such treatment, first aid and/or transportation that may be provided to my child, and understand that JHU will not be responsible for any costs associated with any of the foregoing.
- I authorize the release of educational recommendations from my child's school to the JHU SOURCE office.
- I understand that as a member of this JHU affiliated program and related activities, my child may participate in physical activity. I represent and warrant that my child is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in this program or related activities or otherwise render his/her participation dangerous

or harmful to him/her or others, and that he/she is allowed to participate in physical activity, which includes but is not limited to basketball, non-contact football, calisthenics and weight lifting.

- I understand that as a participant in the JHU program and related activities, my child will be provided food and it is the responsibility of my child to ask about ingredients in all food he/she chooses to ingest, and I have discussed this responsibility with him/her.
- I authorize the JHU SOURCE office to publish or release to the media any pictures of my child during his/her time as a participant in an approved JHU affiliated program for promotional or recognition purposes only.

- Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you **do** consent to any publications or media release.

*Note: The statement regarding the publishing or releasing to the media your child's photograph does not hinder the process of your child from becoming a participant in an approved JHU affiliated program.*

- I, the undersigned, certify that I am the parent or legal guardian of the child (named above) and that I have the right to make decisions for my child that effect his/her well being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the JHU program and related activities. I understand that my child is not in any way required to participate in the program and related activities, and despite these risks, I want him/her to participate in the preceding. In light of the preceding and with sufficient knowledge of my child's physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the program and related activities. In consideration of my child's participation in the program and related activities, I agree to release The Johns Hopkins University and its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my child's participation in or attendance at the program and related activities except to the extent any such Claims are caused by the gross negligence or willful misconduct of the employees of The Johns Hopkins University. I further agree to indemnify and hold harmless The Johns Hopkins University and its trustees, officers, employees, and volunteers from any and all Claims arising out of, related to, or in connection with the program or related activities that are caused by my or my child's negligent or intentionally tortuous acts and/or omissions.
- I agree that this agreement shall be governed by the laws of the State of Maryland without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. .

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian's Full Name (please print): \_\_\_\_\_

Parent/Guardian's Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_