



**SAGES 2017 Mini Medical School Boot Camp  
Application & Permission Form  
Saturday, March 25, 2017; 7:30am – 2pm  
George Brown Convention Center, Houston TX**

**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 George Brown Convention Center- 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:**

**Application deadline is February 17, 2017!**

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, March 25, 2017 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 2/17/17; attn: SAGES Mini Med School-Viera Ewell,  
via email [minimedschool@sages.org](mailto:minimedschool@sages.org) or via fax #310-437-0585**

**Selected students will be send confirmation via email by Friday, March 10th.**

*Incomplete applications will be not be considered.*