[Your Health System Partner or School Logo or Letterhead Here]

[Example program name: CODE BLUE CREW]

Explore Healthcare. Discover Your Future.
Student Registration & Parental Permission Form

Ready to scrub in? This hands-on healthcare system experience gives students an inside look at real healthcare careers. Just complete the form below to reserve your spot in this exciting program!

Student Name: _____
First Last

Grade (Insert school year): _____

Street Address: _____

City/State/ZIP: _____

Home Phone: _____
Emergency Phone: _____

Shirt Size (circle one):
Youth Large Adult Small Adult Medium Adult Large

PARENT/GUARDIAN PERMISSION

I give permission for my child, _____, to attend [i.e. CODE BLUE CREW or insert your club name] at (insert hospital/clinic name) during the (insert school year). I understand transportation is not provided. The hospital/clinic is not liable for injuries or damages during participation. Tobacco, alcohol, and illegal substances are prohibited.

All students will receive a **free CODE BLUE CREW t-shirt**, which must be worn during sessions. Proper attire is required (closed-toe shoes, socks, long pants—no shorts).

I also grant permission for photos to be taken of my child during the program. These may be used by (hospital/health system name) for outreach and education.

Student Signature: _____ **Date**: _____

Parent/Guardian Signature: _____ **Date**: _____