

## Parent Consent and Authorization for Medical Care

As parent/legal guardian of \_\_\_\_\_ I grant permission for him/her  
(Print Student's Name)  
to participate in the KSOM of USC Primary Care Physician Assistant PA Pipeline Program monthly, from  
\_\_\_\_\_ July 1, 2021 \_\_\_\_\_ to \_\_\_\_\_ June 30, 2022 \_\_\_\_\_.

Departure: \_\_\_\_\_ A.M. /P.M. Return \_\_\_\_\_ A.M./P.M.

Supervising Adult: \_\_\_\_\_

Method of Transportation:       Walking       School Bus       Private Automobile       Other

### **Acknowledgement of Liability Limitations and Assumption of Risk**

I, the undersigned, am aware that during the KSOM of USC Primary Care Physician Assistant PA Pipeline Program, certain risks and dangers may occur which are out of the control of KSOM of USC Primary Care Physician Assistant PA Pipeline Program. I have and do hereby assume all the risks and will hold KSOM of USC Primary Care Physician Assistant PA Pipeline Program and its affiliates, workers, and employees harmless from any liability, actions, suits, legal, or otherwise.

Under no circumstances will KSOM of USC Primary Care Physician Assistant PA Pipeline Program and or its organizers be held responsible for:

1. Baggage damage, loss or delay;
2. Delays, personal injury, property damage, or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorists activities, illness, death, accidents or injury;
3. Illness, death, accidents, or injury;
4. Loss of personal property, possessions or monies;
5. Any act of neglect of any person or company whose services are retained by KSOM of USC Primary Care Physician Assistant PA Pipeline Program for the benefit of our practicum;
6. Any deviation, delay, or curtailment of any kind which is beyond the control of KSOM of USC Primary Care Physician Assistant PA Pipeline Program;
7. Additional expenses, if incurred under any of the above circumstances are the responsibility of the tour participant (yourself).

I hereby also acknowledge the fact that KSOM of USC Primary Care Physician Assistant PA Pipeline Program and any of its workers, and/or employees have the right to terminate my participation in this practicum, at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

I agree to direct my child to cooperate with directions and instructions of KSOM of USC Primary Care Physician Assistant PA Pipeline Program personnel in charge of the activity.

\_\_\_\_\_  
Parent/Guardian permission signature

\_\_\_\_\_  
Date



**Authorization for Medical Care**

Should it be necessary for my child to have medical care while participating in this trip, I hereby give KSOM of USC Primary Care Physician Assistant PA Pipeline Program permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the KSOM of USC Primary Care Physician Assistant PA Pipeline Program Personnel to render medical care deemed necessary and appropriate by the physician. I understand that the KSOM of USC Primary Care Physician Assistant PA Pipeline Program has no insurance covering such medical or hospital costs incurred for such treatment shall be my sole responsibility.

Students Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Business Telephone of parent or guardian: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Authorization signature of Parent or Guardian: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

List any allergies: \_\_\_\_\_

PLEASE CHECK HERE (and include an additional sheet/information with this form) IF INSTRUCTIONS FOR SPECIAL **MEDICAL** TREATMENT FOR THE STUDENT ARE IMPORTANT FOR THE KSOM OF USC PRIMARY CARE PHYSICIAN ASSISTANT PA PIPELINE PROGRAM TO BE AWARE OF.

PLEASE CHECK HERE (and include an additional sheet/information with this form) IF INSTRUCTIONS FOR SPECIAL **LEARNING** OR **BEHAVIORAL** TREATMENT FOR THE STUDENT ARE IMPORTANT FOR THE KSOM OF USC PRIMARY CARE PHYSICIAN ASSISTANT PA PIPELINE PROGRAM TO BE AWARE OF.



**USC** University of  
Southern California

**IMAGE RELEASE FORM**

I hereby irrevocably consent to and authorize the use by the University of Southern California a, California non-profit corporation ("USC"), of any and all photographs, video, voice recordings, or other media taken of me including derivative works thereof (collectively, the "Images"), and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity.

I also consent to the use of my name or likeness, or an assigned fictitious name, in connection with the exhibition, distribution, merchandising, advertising, exploiting and/or publicizing of Images or USC.

I hereby release and discharge USC, its trustees, officers, employees, licensees, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use of Images and the reproduction thereof as aforesaid. I understand and agree that USC will be the exclusive owner of all rights, including, but not limited to, all copyrights, in and to the Images in whole or part, throughout the universe, in perpetuity, in any medium now known or hereafter developed, and to license others to so use them in any manner USC may determine in its sole discretion, without any obligation to me.

I hereby waive any right that I may have to inspect and/or approve the use of the Images or any reproductions thereof, by USC.

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

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

Print Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
Phone Number Email Address

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If above named is a minor child, a parent/guardian must sign

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## USC Virtual Code of Conduct

It is important that our participants and guests feel welcomed at USC and in our programs. The code of conduct embodies the spirit of our college, and is intended to help everyone feel comfortable, grow, and thrive. As a USC participant or guest, we ask you to agree to follow this code of conduct which is rooted in our core Trojan values.

These requirements also serve as an extension and supplement to any codes of conduct and participants must abide given by their program leadership:

1. Appropriate Video Call Etiquette:
  - When registering/signing-in for any video call or meeting, please use your **First & Last Name** (not a random username).  
**Example: Clement Duran (NY)**. This helps us to ensure the privacy of our meetings.
  - Please find a quiet area and call in at the scheduled meeting time so that you can be fully present in the virtual experience. We ask that all participants have their video function on their device so that we can see and hear you.
  - Please do your best to keep background noise or distractions to a minimum.
  - Please do not take your phone or computer to the bathroom.
  - Photos and videos of others without the expressed consent is prohibited.
2. Appropriate attire: Appropriate attire must be worn at all times. Clothing with vulgar language, obscene gestures, racial slurs, or anything that contributes to a hostile environment or would be considered inappropriate and is not allowed. Appropriate tops and bottoms should be worn.
3. Appropriate language: Vulgar language, including swearing, name-calling or shouting/yelling at others is prohibited. When communicating in the chat box, please do not send links or information that is not aligned with our USC values.
4. Creating a welcoming environment: Respect others' cultures and personal way of being. We strive to create a safe emotional and physical space. We encourage participants to honor diversity in all dimensions and respect opinions or perspectives. USC stands up against all forms of bullying, discrimination and racism.
5. Appropriate conduct: Any other conduct of an inappropriate, threatening or offensive nature will be investigated/evaluated by USC leadership. Teens that do not abide by this agreement may be prohibited from participating in future virtual events or in person activities.
6. Alcohol, Tobacco and Drugs: The use of alcohol, tobacco, and drugs (including e-cigs/ tobacco-like products) is not permitted in or outside of ALL virtual calls. Participants that show, obtain, see in the background, make references to or use during the virtual calls will be removed from meeting and removed from future virtual and in-person events. Law enforcement may be involved if necessary.

If a participant or guest feels uncomfortable in confronting someone directly about offensive behavior or other issues that are in violation of this code of conduct, we ask that you please report the behavior or issue to [Maria Maldonado, MPH, MPAP, PA-C, Director of Pipeline Recruitment at maria.maldonado@med.usc.edu](mailto:maria.maldonado@med.usc.edu)

To create and maintain a space that embodies our core values, USC is serious about being clear regarding activities that are not allowed. If you violate this code of conduct, consequences can include termination of program privileges and involving appropriate legal authority. USC reserves the right to make situational decisions based on our policies, mission and values.

All participants must submit their digital signature agreeing to this code of conduct prior to participating in all USC virtual programming.

**Student**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Parent**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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