Welcome
Our Mission 2
Important Contacts 2

Your Time on Campus
Community Building 3
Title IX 3
Reporting Procedures/Resources 4
Participant Health 5

Your Days at Future DOcs
Safety and Supervision 5
Emergency Procedures 6

Participant Information
Campus Facilities 7
Academics, Personal Belongings 7

University Resources
Lab Safety 8
Program Rules 9

Before Your Arrival
Discipline Procedures 9
Important Dates/Program Forms 10
Maps and Parking 11

Forms to be completed
Forms 12-18
Welcome to Michigan State University, College of Osteopathic Medicine (MSUCOM)! We are excited that you’ve decided to visit with us and learn more about the Osteopathic profession. We hope to make your experience a memorable one. Our visit day programs are aimed at: exposing students to the osteopathic medicine profession, strengthening health career interests of participants, discovering numerous medical specialties and participating in active hands-on learning while building friendships with fellow participants.

This opportunity promotes intellectual, personal, and social growth. To make the most of your experience, please review this handbook carefully with your family. Valuable information is provided in this handbook that will help you to prepare for the program. We hope that your visit experience inspires you to consider an academic journey in the health sciences. We look forward to your arrival and anticipate that this experience will be an unforgettable one.

Our Mission

Our mission is to broaden the health care interests of participants who may have an interest in the health sciences. This program allows participants to learn about the Osteopathic profession with fellow high school participants while promoting the following:
  o Meeting medical students and faculty members
  o Find out what medical school is really like
  o Discovering numerous medical specialties
  o Participate in active hands on learning

Important Contacts

College of Osteopathic Medicine Program Administrators

Macomb Future DOcs:
Anne Snyder, Manager of Recruitment 586-491-9570, snyde137@msu.edu
Mollie Mfodwo, Manager of Pre-College Programs 517-884-7729, mfodwomo@msu.edu
Respecting Diversity
At MSU we take great pride in our diversity. Valuing inclusion means providing all who live, learn, and work at the university the opportunity to actively participate in a vibrant community that offers a broad range of ideas and perspectives. To benefit from our campus’s diversity, we must embrace the opportunity to learn from each other. At MSU, we welcome a full spectrum of experiences, viewpoints and intellectual approaches because it enriches conversation and benefits everyone, even as it challenges us to grow and think differently.

We expect our participants to treat themselves and each other with respect, in accordance with MSU’s policies. [http://splife.studentlife.msu.edu/regulations/general-student-regulations](http://splife.studentlife.msu.edu/regulations/general-student-regulations)

Statement for Disability Inclusion
Michigan State University is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting Anne Snyder, snyde137@msu.edu by January 16th, 2020. Requests received after this date will be honored whenever possible. More information is available at [https://www.rcpd.msu.edu/services/accommodations](https://www.rcpd.msu.edu/services/accommodations).

Information about MSU Policies related to Title IX
The MSU [Anti-Discrimination Policy](http://splife.studentlife.msu.edu/regulations/anti-discrimination) and [Relationship Violence and Sexual Misconduct Policy](http://splife.studentlife.msu.edu/regulations/relationship-violence-and-sexual-misconduct) apply to all MSU students, employees, or third-party community members, including Youth Program participants.

Consistent with Title IX, MSU’s Relationship Violence and Sexual Misconduct Policy and Anti-Discrimination Policy expressly prohibit discrimination on the basis of sex. The Relationship Violence and Sexual Misconduct Policy provides a procedure for reporting and resolving complaints of sex discrimination (including sexual harassment and sexual assault), which applies to youth program participants.

What is Title IX?
Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in any education program or activity that receives federal funding. Discrimination on the basis of sex includes:

- Excluding, separating, denying benefits to, or otherwise treating a person differently on the basis of sex
- Sexual harassment
- Sexual assault

MSU Title IX Coordinator
MSU’s Title IX Coordinator oversees the University’s compliance with Title IX, including its complaint procedures, and is available to meet with youth program participants about matters involving sex discrimination.

Robert Kent
Interim Associate Vice President and Title IX Coordinator
Office for Civil Rights and Title IX Education and Compliance
Olds Hall, 408 West Circle Drive, Suite 105
East Lansing, MI 48824
Phone: (517) 353-3922
Website: [civilrights.msu.edu](http://civilrights.msu.edu)
Reporting Procedures and Resources
All individuals are encouraged to promptly report possible violations of MSU’s Anti-Discrimination Policy and Relationship Violence and Sexual Misconduct Policy to MSU’s Office of Institutional Equity (OIE), law enforcement, or both. OIE is responsible for receiving and processing complaints of sex discrimination (including sexual harassment, sexual assault and sexual violence), which may involve an investigation. If a person is unsure about reporting and would like assistance in understanding the options, they may contact a Confidential Resource. A list of these resources is available at https://poe.msu.edu/resources/survivor-resources.html. A list of these resources specifically available for youth is available at https://youthprograms.msu.edu/reporting/index.html.

Report to the Office of Institutional Equity (OIE) by completing the online Public Incident Reporting Form or by calling, emailing, or visiting the OIE office.
Address: 408 W. Circle Dr., Suite 4, Olds Hall, East Lansing, MI 48824
Phone: 517-353-3922
E-mail: oie@msu.edu
Online reporting: Public Incident Reporting Form

Contact the MSU Police (or your local law enforcement) for assistance in filing a criminal complaint and preserving physical evidence
MSU Police Department
Address: 1120 Red Cedar Rd., East Lansing, MI 48824
Emergencies: call 9-1-1
Non-Emergency Line: 517-355-2221

Michigan State University Anti-Discrimination Policy
- The University Anti-Discrimination Policy (ADP) states expectations for institutional and individual conduct. A detailed description of the ADP can be found at https://hr.msu.edu/policies-procedures/university-wide/ADP_policy.html.
- The ADP User’s Manual provides further discussion of the definitions of behaviors prohibited by the ADP as well as the relationship between the First Amendment and complaints of harassment/discrimination; the ADP User’s Manual can be found at https://oie.msu.edu/_assets/documents/adp-users-manual--updated-15.07.24.pdf.
- Protocol for addressing Bias Incidents, Acts of Prohibited Discrimination/Harassment, and Hate Crimes can be found at https://oie.msu.edu/_assets/documents/bias-incident-reporting-protocols-17.08.01.pdf.
Participant Health

Participant health is a significant concern during any program and program administrators, as well as staff, are notified any time there is a concern about a participants physical or mental health.

Health Form
All participants must have a current Medical Treatment Authorization for Michigan State University form on file before attending the visit day/program. All accepted participants must bring a copy of their medical insurance in case an emergency occurs.

Illness or Injury While Attending the Program
If a participant becomes ill or is injured while attending the program activities, parent(s)/guardian(s) will be contacted. If the injury or illness hinders student from participating, parents will be asked to pick up the child.

If the participants require immediate medical attention at any time, he/she will be taken to the nearest emergency room. In the event of an emergency medical situation, 911 will be called, and staff members will contact the participants parent(s)/guardian(s), or designated emergency contact as soon as possible. Families are responsible for ambulance transportation bills as well as any other medical treatment bills accrued to treat the participant.

Emergency contact information will be shared with all program affiliated staff/partners (inclusive of medical facilities onsite)

Safety & Supervision

General Supervision
Participants in the program will be supervised at all times throughout the program. At minimum there will be at least 5 adults per 25 participants supervising throughout all program activities.

Medical Student Volunteers
Medical student volunteers will provide guidance and supervision while participants are engaging in their activities throughout the program. Medical student volunteers also assist the instructors by attending all academic and hands-on learning sessions. They are available for extra help with class concepts and are current medical students attending MSUCOM.

Program Affiliates
All adults interacting with participants will abide by University policies in refraining from having personal, non-programmatic related electronic communications with participants (email, phone, text, social media, etc.) throughout the duration of the program.

All adults overseeing minors throughout the program are prohibited from the following:
- Meeting participants off-site or off-hours
- Giving personal gifts to participants
- Possess, consume, or be under the influence of alcohol, medical marijuana, or illegal drugs at any time the adult has responsibility for the minor participants
- Possess a firearm or other weapon at any time during the youth program
Emergency Procedures
The MSU Alert System for emergencies sends out notifications via email, text message, and prerecorded phone call. If you would like to receive SMS text messages on your cell phone, you can register your phone information by logging in to our system and adding your number, at http://alert.msu.edu/.

In case of a weather related emergency, (severe thunderstorm warning or tornado warning), everyone should seek shelter in an interior hallway in the basement or ground level of a building, or in the lowest level of a parking ramp away from windows.

In case of other emergencies on campus (accident, medical emergency, suspicious activity, presence of a firearm), the best course of action is to call 911 immediately.

If a “Secure in Place” action is advised (for active violence), you should:
- Lock doors of the room you are in (Main doors of building will also be locked.)
- Close blinds and turn off lights.
- Find a well-hidden and protected area to hide using objects in the room to barricade with or hide behind.
- Wait for the “All Clear” from the MSU Alert System before leaving your secure location.

Notification Procedures for Emergency Situations
In the instance of a medical or behavioral incident or emergency, program staff will contact the participant’s parent(s), guardian(s), or other emergency contact(s). Program staff will call all listed phone numbers on file until contact is made with at least one of the adults listed on the participant’s registration materials. If emergency responders need to make contact with the participant, program staff will make every reasonable attempt to notify parent(s), guardian(s), and/or other emergency contact(s) as immediately as possible.

Program staff will communicate with participants’ and chaperones’ emergency contacts if an emergency involving either or both parties occur. In the instance that an immediate emergency occurs, program staff may be unable to reach a parent, guardian, or emergency contact to consent for emergency care. If this is the case, the signed medical treatment authorization form gives program staff consent to contact emergency services. In medical emergencies, a staff member will contact local emergency responders, who will determine the best plan for treatment and will continue to attempt to contact the parent/guardian.

In the instance of an emergency or if it has been determined that a participant’s behavior violates University and/or program policies and requires early dismissal from the program, program staff will make contact with the participant’s approved adult contacts, and the participant’s parent(s), guardian(s), or emergency contact(s) must pick up the participant immediately.

Campus Facilities

Classroom Buildings
Several buildings, classrooms or labs may be used across campus/site, and as guests on MSU’s campus or visiting medical facility where learning is taking place, participants are expected to respect all property at the attending site and take extra care in keeping the areas they use clean and intact.

Academics

Program Schedule
A program schedule will be provided to all participants during at the beginning of the program. All materials required for classroom activities will be provided by MSUCOM.

Meals

Lunch will be provided.
**Personal Belongings**

*MSU College of Osteopathic Medicine and MSU are not responsible for any lost, damaged, or stolen items.*

**Personal Property**
Participants are responsible for any items they bring to campus. Participants should refrain from bringing any items of value.

**Cell Phones and Communication**
Participants may bring cell phones to campus as a means of communicating with their family. However, participants are **NOT** allowed to use their cell phones or other communication devices during the program including while walking to and from classes. Cell phones and communication devices must be turned off during the academic day. Cell phones that are used during scheduled program activities may be confiscated and returned at the end of the day.

**Dress Code Guidelines**
All participants must remember that MSU outreach programs require that students dress appropriately for an academic environment. Please see examples of appropriate attire:

- Shirts and shoes must be worn at all times
- Tops and bottoms must meet – refraining from showing mid-drift
- Underwear must not be visible; shorts or skirts must be an appropriate length (shorts must be no shorter than mid-thigh)
- All shirts must have two straps or sleeves; low-cut/revealing shirts/spaghetti strap/low cut tank tops are not allowed
- Clothing must not display profanity or offensive slogans/symbols
- Shoes must not have wheels
- **MSU name tag must be worn at all times**
- Other clothing may be deemed inappropriate by MSU staff in which the participant may be asked to change

**Lab Safety**

**Coming to Lab**
- **Dress Appropriately**
  - No open-toed shoes or high heels
  - Long pants, preferably jeans
  - Tie up long hair
  - Do not wear excessive amounts of perfumes and hairsprays
- Be prepared, read lab manual and procedures ahead of time
- **NO cameras or cell phones**

**In the Lab**
- Put away belongings so that walk paths are clear or in designated areas
- Always wear appropriate protection
- Always leave yourself enough time to clean up
- Keep work area neat and clean
- Do not rush
- Don’t be afraid to ask questions
- Inspect equipment before usage
- Identify Waste bins
  - Biohazards
  - Oxidizers
  - Liquid vs Solids
- Identify Lab Safety Equipment
  - Eyewash stations
➢ Fire Extinguisher
➢ Fire Blankets
➢ Emergency exits
➢ Spill Kit
➢ First Aid Kit
➢ Telephones/Contact information/Alarm system

DO NOT:
➢ Do not smell or taste any chemicals
➢ Do not bring food/drink into the lab or consume food/drink in lab
➢ Do not casually throw chemicals down the drain or in a trash bin
➢ Do not leave the room with gloves or touch common areas
➢ Do not conduct any unauthorized experiments
➢ Do not leave experiments unattended while in progress
➢ Do not attempt to catch a falling object
➢ Do not sit on lab benches
➢ Do not clean broken glassware by yourself, call an instructor

Chemicals
➢ Consider all chemicals to be hazardous unless otherwise stated
➢ Immediately report any spills, accidents, or injuries to an instructor
➢ Know what you are using, read the labels
➢ Do not handle chemicals near open flames
➢ Do not put excess reagents back in stock containers, dispose of them properly
➢ Always pour acids into water. If you pour water into acid, the heat of reaction will cause the water to explode into steam, sometimes violently, and the acid will splatter
➢ If chemicals come into contact with your skin or eyes, flush immediately by running area under cold water and get an instructor
➢ Never point a test tube or any vessel that you are heating at yourself or your neighbor--it may erupt like a geyser
➢ Dispose of chemicals properly
➢ Never leave burners unattended
➢ Beware of hot glass
➢ Use a hot water bath to heat flammable liquids. Never heat directly with a flame

Program Rules
Participants must abide by all University regulations. Participants that violate University regulations may be removed from the program for violation of such rules.

• The possession or use of alcohol, tobacco, drugs, fireworks, guns, and other weapons is prohibited.
• Violence of any kind will not be tolerated.
• Theft of property, regardless of the owner, will not be tolerated.
• Sexual harassment, sexual abuse, and other sexually inappropriate conduct will not be tolerated.
  o The full policy on Relationship Violence and Sexual Misconduct can be accessed at https://www.hr.msu.edu/documents/uwidepolproc/RVSPolicy.pdf.
• Any violation of the University Anti-Discrimination Policy will not be tolerated.
  o See the handbook section on the MSU Anti-Discrimination Policy for more information.
• Hazing and bullying (including, but not limited to physical, verbal, or cyber-bullying) will not be tolerated.
• Misuse or damage of University property is prohibited. Participants may be financially responsible for damage or misuse of University property.
• Michigan State University prohibits the inappropriate use of cameras, imaging, and other digital recording devices, including camera, imaging, and other digital recording applications on smart phones and mobile devices, in showers, restrooms, locker rooms, and other areas where privacy is expected by participants.
• Attendance at all sessions is mandatory unless there is an extenuating circumstance. Please contact Anne Snyder at snyde137@msu.edu at least one week in advance if planning to miss a session.

University Reporting Protocols for Child Abuse, Sexual Assault, and Child Pornography

The University strives to offer a safe and supportive learning and working environment for all individuals. In support of that goal, the University has established reporting protocols for its employees and volunteers with respect to child abuse, sexual assault, and child pornography. Procedures for reporting violations may be found at: http://www.hr.msu.edu/documents/uwidepolproc/ReportingProtocols.htm

All individuals who have direct contact with minors at a youth program have been subject to a criminal background check (including sex offender registry check) through the Human Resource Department within the last twelve months. All employees of MSU are mandated reporters.

Academic Integrity

Future DOcs adheres to Michigan State University expectations about academic integrity.

Academic integrity is honest and responsible scholarship. Participants are expected to submit original work and give credit to other peoples’ ideas. Maintaining academic integrity involves:

• Creating and expressing your own ideas in course work
• Acknowledging all sources of information
• Completing assignments independently or acknowledging collaboration
• Accurately reporting results when conducting your own research or with respect to labs

Academic integrity is the foundation of university success. Learning how to express original ideas, cite sources, work independently, and report results accurately and honestly are skills that carry participants beyond their academic career. Academic dishonesty not only cheats the participant of valuable learning experiences, but may even expulsion from the university for the participant.

The following are additional MSU resources on plagiarism and academic integrity:
https://www.msu.edu/~ombud/academic-integrity/plagiarism-policy.html
https://www.msu.edu/~ombud/academic-integrity/participant-faq.html

Procedures for Responding to Behaviors that Violate Policies

If a youth participant is involved with an incident that violates University and/or program policy, program staff will speak with everyone involved to gain understanding of what occurred and will contact listed parent(s), guardian(s), and/or other emergency contact(s) of both the participants responsible for the policy violation and the participants directly affected by the incident. In the instance that participants have violated University and program policies, program staff will connect with the appropriate MSU supervisors and/or authorities to determine the best course of action to resolve the situation, including whether the participant(s) responsible for the policy violation must be removed from the program. If it has been determined that a participant’s behavior violates University and/or program policies and requires early dismissal from the program, program staff will make contact with the participant’s approved adult contacts, and the parent(s), guardian(s), or emergency contact(s) must pick-up the participant immediately.
If it is suspected that a crime may have occurred, program staff will immediately stop investigating, contact MSU Police, and follow the lead of MSU Police investigators. Should police or emergency response professionals need to make contact with a participant, program staff will make every reasonable attempt to notify the appropriate parent(s), guardian(s), and/or other emergency contact(s) as immediately as possible.

If an allegation of inappropriate conduct including but not limited to abuse, neglect, assault, harassment, sexual assault, sexual abuse, sexual harassment, child pornography, furnishing alcohol, drugs, and/or sexual materials to a minor, and violations of the University’s anti-discrimination policy is made against an adult participating in a youth program, including program staff/volunteers, the accused adult will be removed from any further participation in MSU youth programs and activities covered by the MSU Operational Requirements for Conducting University Youth Programs until such allegation has been satisfactorily resolved. Adults may not retaliate against minors, families, parents, guardians, and staff/volunteers who report allegations of inappropriate conduct.

**Before Your Arrival**

**The Day of the Program**
Participants will officially be welcomed into MSUCOM outreach program and receive the materials needed for the duration of the program.

**Date, Time & Location**
Program Information: November 15, 2019 from 8:30am-1:00pm
Lunch 12:35pm-12:55pm
Registration begins at 8am in Conrad Hall – 888 Wilson Rd, East Lansing, MI 48824

**Program Forms**

**Participant Forms**
To assist the MSUCOM staff in preparing for your participant's arrival, **please complete and return all required forms prior to the program by emailing to Mollie Mfodwo at mfodwomo@msu.edu**

This is inclusive of:

- Acceptance Agreement Form
- Behavior Contract Form/Permission Form
- Handbook Acknowledgement Form
- Media Release Form
- Medical Treatment Authorization Form
- Parent/Guardian Consent Form
Conrad Hall – 888 Wilson Rd, East Lansing, MI 48824
Parking- If driving a vehicle, please park in the Wharton Center Ramp and use validation code: H1115
For bus drop-off, please drop off students at the CATA bus stop directly in front of Conrad Hall
ACKNOWLEDGMENT

We have read and understand this document and agree to follow all University rules, policies, and ordinances during the Visit Day program. I understand that if I have questions about any of the rules, policies, or ordinances, it is my obligation to ask the program director or other staff member for clarification. I understand that students who are involved in serious conduct issues may be dismissed from the program early. In such an event, I agree to pick up my child from the program and he/she will not be permitted to return.

Student Name (First, Last):________________________________________________________

Student Signature: ______________________ Date: __________________________

Parent/Legal Guardian Name (First, Last): _______________________________________

Parent/Legal Guardian Signature: ______________________ Date: __________________
The donors to the Department of Radiology’s Willed Body Program have made a unique and significant gift. The anatomical specimens you will be studying must be treated with respect and dignity at all times. In short, students are expected to display PROFESSIONAL AND ETHICAL BEHAVIOR towards donors. This is expected at all times and includes:

- **NO recording in the gross anatomy lab is permitted by any means (still photographs, video, etc.)**

- Professional conduct must be adhered to at all times.

- Anatomical specimens, tissues, and skeletal material are to be handled carefully and MUST NOT be taken from the laboratory.

- The anatomical specimens are identified only by number on an orange plastic wrist band. THIS BAND MUST NOT BE REMOVED UNDER ANY CIRCUMSTANCES.

- A blunt probe or tongue depressor is useful in pointing to or moving anatomical structures. Marking instruments such as pens, pencils and magic markers are not permitted.

- Instruments dropped on the floor must be washed immediately with soap and water.

- Paper toweling, used gloves and disposable pointing instruments are to be deposited in the appropriate trash containers, not left in the specimen trays.

The assistance and cooperation of students is a major contribution to our efforts in making the Human Gross Anatomy Laboratory an effective and pleasant learning facility. Please direct any questions or concerns regarding this policy to your course instructor.

I have read and understand my responsibilities as a user of the Human Gross Anatomy Laboratory and adjacent rooms. I agree to observe the rules/guidelines as outlined above.

_________________________  __________________
Student Signature (Print Full Name)       Date
Positive Behavior Contract

Dear Participants, Parents, and Guardians:

Please read and initial the following statements to confirm your commitment to the following positive behaviors.

As a participant, I commit to:

_____ Making a strong effort to engage in academic and social programming
_____ Working and interacting constructively with other participants
_____ Respecting the needs and feelings of others
_____ Showing respect for staff through my attitude and behavior, which includes following written and verbal directions, as well as demonstrating a high-level of responsibility with University property, my property, and the property of others.
_____ Wearing clothing that is appropriate and shows respect for myself and others
_____ Avoiding physical violence, violent language, and threats, including roughhousing and wrestling
_____ Being at the appropriate place, with the appropriate people, at the appropriate time
_____ Restricting my language to non-offensive words

As a participant, I also understand that:

_____ Staff will exercise a zero-tolerance policy regarding physical and verbal violence, as well as illegal substances and items.

Having read and understood the Positive Behavior Contract, I sincerely commit to these policies. I understand that breaking my commitment to these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the program, and being prohibited from returning to this and/or future MSUCOM programs.

Participant Name (please print): ________________________________

Participant Signature: ___________________________ Date: ________________

Parent/Guardian Signature: ___________________________ Date: ________________
Permission Form

Dear Participants, Parents, and Guardians,

Many students are serious about pursuing medicine as a career, while other students may be just starting to investigate the medical field. It is an option for the students to not participate in any lecture or practical exercise that they are uncomfortable with. If at any time your child feels uncomfortable in a lecture or practical exercise, they will be excused from the class and supervision will be provided by a teaching assistant outside of the instructional area.

PARENT/GUARDIAN CONSENT - Required for all MSU youth participants

I give permission for my student, named below, to participate in the Osteopathic Manipulative Medicine session on Friday, November 15th morning, which will include the student being examined by a medical professional. I understand that this encounter serves only as a health screening and should not be a substitute for my regular healthcare visits and that no diagnosis will be made. The medical staff may recommend follow-up with my healthcare provider(s), but is in no manner responsible for arranging or supervising such care. The staff may consist of medical students and licensed physicians and other individuals associated with MSU College of Osteopathic Medicine (MSUCOM) and its partners.

In addition, I hereby grant permission to MSUCOM to photograph/video-record my minor child, named below, during Future DOcs.

I understand and give my permission for MSUCOM to use the image and/or voice of my child named below, in publications, videos, mass media, or other venues, for educational, service, research or public relations activities association with this service.

I hereby grant permission for my student, named below, to participate in all educational and social activities of Visit Day programs sponsored by MSU College of Osteopathic Medicine.

STUDENT NAME (please print): ______________________________________________________________________

Name of parent/guardian (please print): ______________________________________________________________________

Relationship to Minor: ______________________________________________________________________

Signature: ___________________________ Date: ___________________________
MICHIGAN STATE UNIVERSITY MEDIA RELEASE FORM

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU’s approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject’s name: ________________________________

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

_________________________________________ Date: __________

_________________________________________ Date: __________
Program

Dates Attending ________________________________

MEDICAL TREATMENT AUTHORIZATION FOR
MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name: __________________________

Last First M.I.

Birth date: __________________________

Parent phone: day ( ) evening: ( )

Mailing Address: ___________________________________

Primary care physician's name: ________________________

Physician's phone: ________________________________

Physician's address: _______________________________

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant __________________________

Policy holder's address: ______________________________________

Please attach a photocopy of both sides of your insurance card OR complete the information requested below.

Insurance company name and address: ________________________________

Insurance company phone number: (____) ______________________

All policy numbers (please identify): ______________________________

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) ______________________

Employer's name and address: __________________________________

Business phone (___) ______________________

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

Does the participant have any chronic health problem or illness? _______ YES _______ NO

Does he or she have any acute illness now? _______ YES _______ NO

Has the person been treated recently for some medical problem? _______ YES _______ NO

Does he or she have any allergies? _______ YES _______ NO

Does he or she have any allergies to medication or local anesthetics? _______ YES _______ NO

Date of his or her last tetanus shot _______ YES _______ NO

List any medications he or she is now taking for treatment of any medical problem: ______________________________________

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), __________________________________, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up __________________________

Date __________________________
MICHIGAN STATE UNIVERSITY YOUTH PROGRAM
PARENT/GUARDIAN CONSENT FORM

I grant permission for (print participant’s name) ____________________________ to participate in all educational and social activities of the following MSU program or activity:

Program name: _______________________________________________________

Program dates: _______________________________________________________

MSU unit/department: ________________________________________________

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child’s selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

(Parent or legal guardian)

Signature: ______________________________ Date: _______________________