

CHANGING FACES OF PHARMACY: A STUDENT ENRICHMENT PROGRAM

STUDENT APPLICATION – SPRING 2022

Parental Consent and Acknowledgment form

Child's Name _____ Age _____

Address _____ City _____

State ____ Zip Code _____

CONTACT INFORMATION

Primary Contact Parent/Guardian should be the individual who will be available to answer their phone during the day.

Name _____ Address _____

E-mail _____ Cell Phone _____ Home/office
phone _____

Secondary Contact Parent/Guardian

Name _____ Address _____

E-mail _____ Cell Phone _____ Home/office
phone _____

Parent Consent Statement

As the parent/guardian, I certify that my child has my permission to participate in the Changing Faces of Pharmacy Program: Student Enrichment Program (CFPP). I understand that he/she will be subject to the regulations of St. John's University. I also agree that my child will follow the instructions of the CFPP personnel and will treat others with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate.

I understand that I am responsible for signing out my child at each session. All risks associated with participating in the program, including but not limited to bodily injury, are assumed by me, as indicated by the signature below.

I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the sessions to be used for educational and/or promotional materials for St. John's University.

ST. JOHN'S UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES AND
THE URBAN INSTITUTE PRESENTS
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I understand that I will be notified should a health emergency arise. If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel.

My child has the following known medical conditions:

My child takes the following medications:

My child is allergic to:

Other concerns/conditions of which we should be aware:

Please print and sign your name below indicating that you can commit to completing all sessions:

Print your name	Your signature	Date
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Parent/Legal guardian Name	Relation to applicant
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Parent/Legal guardian Signature	Date
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