

RETURN THIS FORM WITH APPLICATION

 <p>HM Tech Hands-On, Minds-On Technologies</p>	<p>MEDICAL MODULE RELEASE FORM</p>
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Student's Name: _____

School: _____

The Medical Module will provide students the opportunity to explore the medical profession and to interact with physicians, physician assistants, nurses, other health workers, and University of New Mexico (UNM) medical students. It will afford the students an opportunity to experience first hand what a health profession requires and how to plan to achieve a career in that field. These sessions will be conducted by health care professionals and will include the following subjects: human anatomy, genetics, physiology, pathology, physical fitness, and nutrition. The history and accomplishments of African-Americans in healthcare will also be emphasized. The sessions may include testing simulated blood and urine and the examination of human hearts, brains, lungs and kidneys from deceased individuals and may involve physical contact with these organs. UNM Medical School personnel and medical students will facilitate the examination to ensure that all necessary precautions will be maintained to ensure proper conduct and respect of the tissue. If you or your child are uncomfortable with this session, we will have plastic organs available for their use. The students may also have the opportunity to dissect a starfish, earthworm, crayfish, grasshopper and frog.

Please check the appropriate statements below and please include your signature at the bottom of the form.

_____ **YES**, I give my consent for my child to participate in the health and medicine module.

_____ **NO**, I do not wish my child to participate in the health and medicine module.

_____ **YES**, I give my consent for my child to examine the human hearts, brains, kidneys & lungs.

_____ **NO**, I do not wish my child to examine the human hearts, brains, kidneys & lungs.

_____ **YES**, I give my consent for my child to dissect a starfish, earthworm, crayfish, grasshopper and frog.

_____ **NO**, I do not wish for my child to dissect a starfish, earthworm, crayfish, grasshopper.

Parent/Legal Guardian's signature: _____

Date: _____

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