

**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: MSU Co-ed High School Programming Competition

Program Start Date: March 21st 2026 Program End Date March 21st 2026

MSU unit/department: MSU Women in Engineering and Broadening Participation K-12

I understand that sessions may entail the use of various remote/ online platforms or software programs. I also understand that participants may engage in digital communication.

I have read the session descriptions and approve of my child's selections, and I accept the risks associated with my child's participation.

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

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Signature of Parent/Guardian or of Participant ages 18 and up Date

Program: MSU Co-ed High School Programming Competition Dates Attending: March 21st 2026

## 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 designed only if the situation is urgent and does not permit delay.

Name: \_\_\_\_\_ 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 \_\_\_\_\_  
Relationship to participant \_\_\_\_\_  
Policy holder's address \_\_\_\_\_

#### Please complete the information requested below:

Insurance company name: \_\_\_\_\_  
Insurance company 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: \_\_\_\_\_  
Employer's address: \_\_\_\_\_ Employer's 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? \_\_\_\_\_  
Does he or she have any acute illness now? \_\_\_\_\_  
Does the person been treated recently for some medical problem? \_\_\_\_\_  
Does he or she have any allergies? \_\_\_\_\_  
Does he or she have any allergies to medication or local anesthetics? \_\_\_\_\_

If Yes to any above, please provide detail: \_\_\_\_\_  
List dietary restrictions. If none enter none: \_\_\_\_\_  
Date of his or her last tetanus shot: \_\_\_\_\_  
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 ages 18 and up 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.

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

\_\_\_\_\_  
Signature of Parent/Guardian or of Participant ages 18 and up Date