



Greater Sullivan County Medical Reserve Corps

E-mail: mrc@sullivancountynh.gov

Twitter: www.twitter.com/gscmrc

Web: www.sullivancountynh.gov/publichealth click MRC

Phone: (603) 398-2222 Fax: (603) 542-2829

Agreement and Parent/Family Informed Consent

Registration/Permission

Student Name: _____

Email: _____

Birth date: _____ Age: _____

Parent/Guardian

Name: _____

Home Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

We the undersigned parent and youth agree to the youth's participation in the Teen Medical Reserve Corps Training. This MRC training is designed to target the under-18 population.

1. This training consists of nine modules that will be delivered to your son/daughter.
2. MRC will provide students with knowledge based on an all-hazard approach to mitigation, preparation, response, and recovery from a technical or natural disaster.
3. MRC training will include decision-making and problem-solving skills and strategies to help students make informed decisions regarding readiness, response, recovery, and mitigation efforts to reduce loss of life and property in a disaster.
4. MRC will provide students with hands-on training using reality-driven drills and exercises.
5. Specially trained, primary responders will participate in the classroom lessons. The instructional team will include personnel from the fields of Medical Reserve Corps, Emergency Medical, Search and Rescue, Law Enforcement, Public Health, Firefighting and Emergency Management.

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As with all training, there is a risk of injury from hands-on participation. We agree to hold harmless _____ and all agency employees and volunteers involved in this training from all claims that might come from participation in this training. We understand that any medical bills are the responsibility of the parent/guardian.

We understand that the youth will be asked to participate in a short, voluntary and confidential survey during the first week of the program and again near the last day of the program. The surveys will not record the youth's name or any other identifying information and will be completed in private. The purpose of these surveys is to evaluate the student's knowledge of disasters in a pre-post assessment of the training. Parents or guardians have a right to view the blank survey forms before signing their child's permission form. Youth who do not wish to answer any or all of the survey questions need only to leave blank any question(s) they do not wish to answer.

We understand that the school expects the youth to attend the Teen MRC training on a regular basis. The youth is expected to attend all scheduled sessions. Students also must maintain a minimum GPA while enrolled in the training and active on a MRC.

We understand that the school will provide professional staff members to supervise all training sessions, and that the parent or guardian may visit the training site to observe any training session.

We understand that photographs, or video tape recordings of participants involved in the Teen MRC training may be used by staff for publications or advertising materials. In addition, local news organizations may photograph or record Teen MRC activities. This consent includes, but is not limited to photographs, videotape, and audio recordings.

The Teen MRC training is purely voluntary and the student may at any time opt out of the training and return to normal classroom assignment without any repercussions.

Signature of Parent/Guardian

Signature of Student

Printed Name

Printed Name

Date

Date

All information is held confidential and is for the strict use of the Greater Sullivan County Medical Reserve Corps. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.

PLEASE REMIT TO:

**Greater Sullivan County Medical Reserve Corps
5 Nursing Home Drive
Unity, NH 03743
Phone: (603) 398-2222 Fax (603) 542-2829
mrc@sullivancountynh.gov**