

Student & Parent/Guardian Agreement

All students must submit the Student & Parent/Guardian Agreement at time of application.
Questions? Email researchevents@phsa.ca.

I, _____ (*student name*), may be participating in the following program:

- **Program Name:** Mini Med School
- **Date & Time:** Thursdays, November 5, 12, 19 & 26 | 6:30 – 8:00 p.m.
- **Format & Location:** Virtually | Held over Zoom

STUDENT CODE OF CONDUCT

I agree to:

- Connect virtually on time and be ready to learn.
- Respect others, their differences, ideas, and opinions. Any inappropriate, disrespectful or disruptive behaviour may result in removal from the program.
- Follow all instructions from the BC Children's Hospital Research Institute's program leaders.
- Not share the program link with anyone.
- Use technology respectfully, keeping microphones muted when not speaking and turning on video when asked.
- Maintain the privacy of others by not recording or screen capturing any of the program content.
- Prioritize my safety and wellbeing. If any topics are difficult or triggering, I will step away and ask for help if needed.

PARENT/GUARDIAN CODE OF CONDUCT

We aim to help students build the confidence and independence they need to succeed after high school. Parents/Guardian can support this by agreeing to:

- Ensure access to a computer, tablet, or smartphone, and a stable internet connection during the designated dates and times.
- Not attend the program, unless prior arrangements have been made.
- Encourage students to manage program communications. Parents/Guardians will be cc'd on the acceptance email, but afterwards, all program details go only to the students.

PHOTOGRAPHS & RECORDINGS

I understand that I may be photographed or recorded. I agree that the BC Children's Hospital Research Institute may use any photos or recordings of me in its promotional materials, including online and on social media.

PROGRAM DETAILS

I understand that this program is a youth outreach program offered by the BC Children’s Hospital Research Institute. I will be supervised by adults affiliated with the program and agree to follow their instructions. I also agree to fully participate in the program.

At Mini Med School you will:

- Hear from inspiring speakers who are leaders in science and healthcare.
- Ask questions and get insights directly from scientists and clinicians.
- Connect and engage with mentors to explore careers and opportunities in STEM.

PROGRAM RISKS & SAFETY

The program involves both foreseeable and unforeseeable risks, hazards, and dangers. Even with care and supervision, it is not possible to eliminate the potential for harm. Potential risks include:

- Exposure to inappropriate content or harmful messages from other students or outsiders who have joined the program without permission.
- Sharing of personal information outside the control of the program leaders, for example by the platform used to host the virtual program (e.g., Zoom).
- Discomfort or distress caused by engaging with challenging health topics, including clinically graphic images.

----- SIGNATURES -----

I acknowledge that there are risks associated with participating in this program. I understand that the measures taken by the program leaders will not eliminate those risks.

I confirm that I have read and understand this agreement, and that I have executed this agreement voluntarily.

Name of Student (Print)

Signature of Student

As the parent/guardian of the student named above, I confirm that I have read and understand this agreement and consent to their participation in this program.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date Signed

Parent/Guardian Emergency Contact – Phone Number: _____

In case of an emergency, please provide a number where you can be reached during the program.