



CONSENT TO VIEW A DISSECTED HUMAN DECEASED DONOR

INTRODUCTORY STATEMENT: Oregon Health & Science University (OHSU) is a multidimensional institution dedicated to health education, medical research and patient care. Education is essential to prepare our students for future contributions to these fields. Exploration of the human body, known as the science of Anatomy, uses dissected human deceased donors as essential learning tools.

Your son/daughter will visit the OHSU campus in the near future through a joint effort between OHSU and Oregon AHEC. At that time, visiting science students (at least 16 years of age) will be allowed to view a dissected human deceased donor and hear an educational presentation about the science of Anatomy. Although most students are inspired and intrigued by this experience, a small fraction may experience emotional distress. We ask that you discuss this issue with your son/daughter and provide us with written consent indicating that you and your son/daughter are informed and aware of this possibility. Your child will not be permitted to handle human tissues or fluids in order to minimize health risks. If you have any questions, please contact Beth Rodgers, Oregon AHEC, at 503-494-0626 or rodgerbe@ohsu.edu. **Also, in compliance with the HIPAA privacy act, cellular phones and cameras are not permitted in the anatomy lab.** Thank you for your cooperation.

CONSENT:

I understand that my son/daughter will visit the OHSU campus through the AHEC Med★Stars Honors Experience. Part of the program will include viewing a dissected human deceased donor. I understand that this activity is limited to science students at or above the junior level of high school. I have discussed these aforementioned issues with my son/daughter and accept responsibility for possible outcomes. My son/daughter,

_____ (name of student) has permission to participate in this activity.

Signature of Parent or Guardian

Print Name

Date

Signature of Student

Print Name

Date

MED★STARS
MEDICAL INFORMATION AND RELEASE FORM

Participant's Name _____
(Please Print)

Is this participant covered under a health care or medical insurance plan? Yes No
If "yes", please complete the following:

Name of health plan: _____
Name of policy holder (parent or guardian): _____
Group or Policy No.: _____ ID No. of student (if applicable): _____
Employer of the policy holder: _____

Are there any medical conditions (i.e., latex allergy), food or medication allergies, or special needs that this student has that we should know about? And if so, what are they and do they require a special environment?

Is the participant under doctor's orders for any medication? Yes No
If so, what?

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I authorize the Program Director, or his or her authorized representative, to consent to any x-ray, examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child (or legal ward) under the general or special supervision and on the advice of any dentist, physician or surgeon licensed to practice in the State of Oregon, when the need for such treatment is immediate, and when efforts to contact a parent or guardian are unsuccessful.

I agree to pay all charges incurred for the treatment of illness or injury of my child (or legal ward) during the AHEC Med★Stars Honors Experience. I understand that I have primary responsibility for the payment of all charges, whether or not my child (or legal ward) is covered by health or medical insurance.

Signature of Parent/Guardian: _____

Address: _____
Street City/State Zip Code

Date: _____

Phone #: _____

MED★STARS TRANSPORTATION FORM

Student's Name: (Please Print)

NOTE: It may be possible for us to assist with carpool arrangements. Please check IF:

- My parent/ guardian would be willing to pick up another Med*Stars participant en route to Portland.
- You would be interested in getting a ride from another Med*Stars participant if available.

ARRIVAL:

- I will be traveling to Med*Stars via the bus and will need AHEC staff to meet me at the bus station.
- I will be traveling to Med*Stars via airplane and will need AHEC staff to meet me at the airport.
- I will be arriving with my parent(s)/guardian.
- I will be arriving by car with adult friend(s) of my family.
- I will have a personal vehicle on the campus for the duration of the Med*Stars. (You must purchase parking passes for 4 days @ \$10.00/day).

License plate of vehicle on OHSU campus _____

NOTE: We discourage students having an automobile at Med*Stars as their only means of transportation to and from the Med*Stars Program unless absolutely necessary. STUDENTS WILL NOT BE ALLOWED TO USE THEIR CAR DURING THE PROGRAM.

DEPARTURE:

- I will leave Med*Stars via public transportation (bus or plane).
- I will leave Med*Stars with my parent(s)/guardian.
- I will leave Med*Stars with adult friend(s) or parent(s)/ guardian of another Med*Stars participant. Name of adult: _____
- I will leave Med*Stars using my personal vehicle.

I authorize the above travel plans.

Parent/Legal Guardian's Signature

Date

I agree not to drive any vehicle to which I may have access during Med*Stars.

Student's Signature

Date

MED★STARS PARTICIPANT RELEASE AND AGREEMENT TO RULES



As parent or guardian of _____ (student), I hereby grant permission for the student to attend and participate in the Med*Stars 2013 summer experience held at Oregon Health & Science University. I also agree to the following pertaining to the above named student:

1. I understand that transportation to and from Med*Stars must be arranged by the student and/or family. I hereby agree not to hold any employee, volunteer, or staff member of the Med*Stars program responsible for any claim of loss, injury or death for transportation during the course of the Med*Stars experience as well as to and from the experience. I further understand that in case of problems of illness, disruptive behavior, or other sudden circumstances, I will be responsible for transportation home at any time when Med*Stars staff deem such dismissal necessary for the benefit of the student or others in the Med*Stars 2013 summer experience.

2. I agree that the student will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs of the student taken during the program, papers written by the student during the program, and similar items may be used by Med*Stars in reports and public information materials. I further agree to allow Med*Stars to release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving the student. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

3. I have completed the separate cadaver (viewing) consent form.

*No student will be required to participate in this activity, however if your student chooses to participate, the consent form is required prior to camp.

Med*Stars 2013 Code of Conduct

I understand that participants in the Med*Stars 2013 Summer Experience must uphold the highest standards of personal conduct in representing OHSU. All professionals have agreed to share their careers with students

- I understand that there will be no smoking during the experience; OHSU is a smoke free campus. I also agree that the student will not use alcohol or non-prescription controlled substances during the experience. I agree that the student will not bring any weapons to the Med*Stars experience.
- I agree that the student should not use cellular phones and pagers to experience activities. Cell phones may be left in rooms during daytime activities.
- I also agree that the student is expected to follow the instructions of the Med*Stars staff at all times, participate in all experience activities, not leave the experience group at any time during the experience, abide by the experience curfew and not leave the dorm alone or unchaperoned by AHEC staff members.
- I agree that the student should adhere to the rules and regulations according to the Student Responsibility and Terms of Attendance form during the Med*Stars 2013 summer experience.
- I agree that the student will adhere to the dress code described below and will wear appropriate dress for a professional setting at all times at the Med*Stars facilities.

APPROPRIATE AND PROFESSIONAL DRESS

- **SKIRTS, SLACKS, CAPRIS, BLOUSES, AND KNIT SHIRTS ARE APPROPRIATE FOR PROFESSIONAL ATTIRE.**
- EVENING ACTIVITIES WILL INCLUDE OPTIONS OF WALKS AROUND DOWNTOWN PORTLAND, SHOPPING, A WATERFRONT WALK, ETC. STUDENTS MAY BRING COMFORTABLE CLOTHES TO CHANGE INTO AT THE END OF THE DAY.
- **STUDENTS SHOULD BRING A SWEATSHIRT OR SWEATER TO WEAR IN AIR-CONDITIONED BUILDINGS.**
- **ALL CAMPUS ACTIVITIES REQUIRE CLOSED TOE SHOES.** WE RECOMMEND TENNIS SHOES BECAUSE WE WILL BE WALKING *A LOT*.
- **DENIM JEANS BUT MAY NOT BE WORN DURING ACTIVITIES AT OHSU** BECAUSE WE WILL BE INTERACTING WITH PROFESSIONALS IN A PROFESSIONAL SETTING BUT ARE ACCEPTABLE DURING FREE TIME (NO HOLES OR FRAYED HEMS).
- **SHORT SKIRTS, SHORTS, SPAGHETTI STRAP TOPS, AND BARE MIDRIFFS ARE NOT APPROPRIATE TO WEAR ON CAMPUS DURING THE MED*STARS ACTIVITIES.**

I agree that the student is to adhere to the following dress code:

I understand that the director has the right to dismiss any student whose behavior or attire is not consistent with the goals and standards of Med*Stars.

I understand that an infraction of these rules will result in the student's immediate dismissal, return home at my expense and forfeiture of all experience tuition paid.

I have read the HIPAA document linked here

<http://www.ohsu.edu/xd/about/services/integrity/policies/upload/Privacy-Card-English.pdf>

and understand that the student will be responsible at all times for the privacy standards described therein.

Parent or Guardian signature _____ Date _____

Without parent/guardian consent, the student cannot participate in Med*Stars 2013 unless student/counselor is over the age of 18.

Please return to:

Beth Rodgers
Oregon AHEC
L612
3181 SW Sam Jackson Park Rd.
Portland, OR 97239
Tel 503.494.2528, Fax 503.494.0626, rodgerbe@ohsu.edu

MED ★ STARS HONORS EXPERIENCE
STUDENT RESPONSIBILITY AND TERMS OF ATTENDANCE FORM

As student participant of the Med*Stars Honors Experience I, _____
agree to comply with the rules and procedures below:

I. EXPECTATIONS

1. I or my parent must arrange transportation to and from the Med*Stars experience. No employee, volunteer, or staff member of the Med*Stars program can be held responsible for any claim of loss, injury or death for transportation during the course of the Med*Stars experience as well as to and from the experience.
2. In cases of medical problems, disruptive behavior, or refusal to abide by camp policies, I and my parents will be responsible for transportation home at any time when Med*Stars staff deem such dismissal necessary for my benefit or the benefit of other participants in the Med*Stars summer experience.
3. I will participate in the completion of questionnaires and other appropriate and approved research projects done as part of the program's evaluation.
4. I understand that photographs of students taken during the program, papers written by the student during the program, and similar items may be used by Med*Stars in reports and public information materials. Med*Stars can release for educational purposes, photographs, and video recordings, with/without audio, of activities and projects involving the student. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.
5. I am not required to participate in the cadaver presentation, however if I choose to participate, the completed and signed Consent to View form is required prior to camp.

II. CODE OF CONDUCT

I agree that participants in the Med*Stars 2013 Summer Experience must uphold the highest standards of personal conduct in representing OHSU. Therefore,

1. I will not smoke during the experience; OHSU is a smoke free campus.
2. I will not use alcohol or non-prescription controlled substances during the experience and will not have possession of any weapons.
3. I will not use cellular phones and pagers during experience activities. My cell phone may be left in rooms during daytime activities.
4. I must follow the instructions of the Med*Stars staff at all times, participate in all experience activities, not leave the experience group at any time during the experience and abide by the experience curfew. I must not leave the dorm alone at any time and must be chaperoned by staff members.
5. I must adhere to the rules and regulations concerning students' responsibilities during the Med*Stars summer experience.
6. I understand that the director has the right to dismiss any student whose behavior or attire is not consistent with the goals and standards of Med*Stars.
7. I understand that an infraction of these rules will result in immediate dismissal, and the student(s) being dismissed must return home at their expense and no tuition will be reimbursed.

8. I must abide by the HIPAA document linked here:
<http://www.ohsu.edu/xd/about/services/integrity/policies/upload/Privacy-Card-English.pdf>
and will be responsible at all times for the privacy standards described therein.
9. I agree to wear appropriate dress for a *professional* setting at all times at the Med*Stars facilities.

III. APPROPRIATE DRESS

I agree to adhere to the following dress code:

- **SKIRTS, SLACKS, CAPRIS, BLOUSES, AND KNIT SHIRTS ARE APPROPRIATE FOR PROFESSIONAL ATTIRE.**
- EVENING ACTIVITIES WILL INCLUDE OPTIONS OF WALKS AROUND DOWNTOWN PORTLAND, SHOPPING, A WATERFRONT WALK, ETC. STUDENTS MAY BRING COMFORTABLE CLOTHES TO CHANGE INTO AT THE END OF THE DAY.
- **STUDENTS SHOULD BRING A SWEATSHIRT OR SWEATER TO WEAR IN AIR-CONDITIONED BUILDINGS.**
- **ALL CAMPUS ACTIVITIES REQUIRE CLOSED TOE SHOES.** WE RECOMMEND TENNIS SHOES BECAUSE WE WILL BE WALKING *A LOT*.
- **DENIM JEANS MAY NOT BE WORN DURING ACTIVITIES AT OHSU BECAUSE WE WILL BE INTERACTING WITH PROFESSIONALS IN A PROFESSIONAL SETTING BUT ARE ACCEPTABLE DURING FREE TIME (NO HOLES OR FRAYED HEMS).**
- **SHORT SKIRTS, SHORTS, SPAGHETTI STRAP TOPS, AND BARE MIDRIFFS ARE NOT APPROPRIATE TO WEAR ON CAMPUS DURING THE MED*STARS ACTIVITIES.**

I agree to abide by the above stated terms and conditions of attendance.

Participant Name _____

Participant signature _____

Date _____

Please return all completed forms to:

Beth Rodgers
Oregon AHEC
L612
3181 SW Sam Jackson Park Rd.
Portland, OR 97239
Tel 503.494.2528
Fax 503-494-0626
rodgerbe@ohsu.edu

(When faxing documents, please call or email to confirm that we have received them.)