



Publicity Consent Form

We are planning to publicize the activities and class training for the **High School to Healthcare (HS2HC) program**. We plan to include photographs, videos, and audio recordings of the students on the HS2HC website, in media releases, promotional documents, and in reports about the HS2HC program.

By signing the form below, you give us permission to include your child in these materials. Please feel free to contact Dr. Jacen Moore or Dr. Simpfronia Taylor if you have any questions or concerns:

Dr. Simpfronia Taylor
HS2HC@uthsc.edu
731.221.8887 Office

Dr. Jacen Moore
HS2HC@uthsc.edu
901.448.3355 Office

I give the UT Martin Ripley Center, and High School to Health Care (HS2HC), permission to use my child's content while participating in HS2HC programming in print and electronic releases.

_____ I **do not** give the UT Martin Ripley Center, and High School to Health Care (HS2HC), permission to use my child's content while participating in HS2HC programming in print and electronic releases.

_____ Date

_____ Parent signature

_____ Parent name (print)

_____ Student name (print)
High School to Health Care (HS2HC), UT Health Science Center