## Rural Health Scholars Parent/Guardian Consent Form

As a parent or legal guardian, I give consent for
I understand that my child may be photographed or videotaped throughout the program and I approve of my child being in the photographs and/or video free of compensation.
I also understand that travel is required during the program and if I am not able to provide transportation for my child to and from the required events I will either allow them to drive themselves if they are of legal age and of valid driving license or commit to finding them a suitable chaperone to transport them. These events include but are not limited to the one-time Kick Off event at the Center for Health, Education and Research in May, the monthly/quarterly activity meetings and/or mentoring/shadowing sessions that will be conducted locally throughout the year of the program. I understand that the Northeast AHEC or any other individual associated with the Rural Health Scholars Program will not be providing the transportation or responsible for scheduling transportation for my child. Opportunely, A REIMBURSEMENT OF 45.1¢ PER MILE WILL BE PROVIDED as a stipend for some travel that is required that has been previously reviewed and approved by the Northeast AHEC.  By my signature below, I hereby certify that I have reviewed the information with my child and it is true and accurate to the best of my knowledge.
Signature of Parent/Guardian: Date:

## **Notice of Nondiscriminatory Policy as to Students**

The Rural Health Scholar Program admits students of any race, color, national and ethnic origin to all the rights, privileges, and activities generally accorded or made available to students while participating in the program. It does not discriminate on the basis of race, color, physical capabilities, national and ethnic origin in administration of its educational or admission policies.