

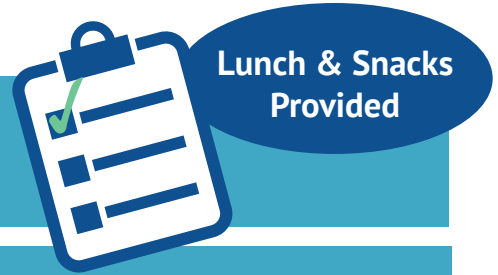





# Health Career Day

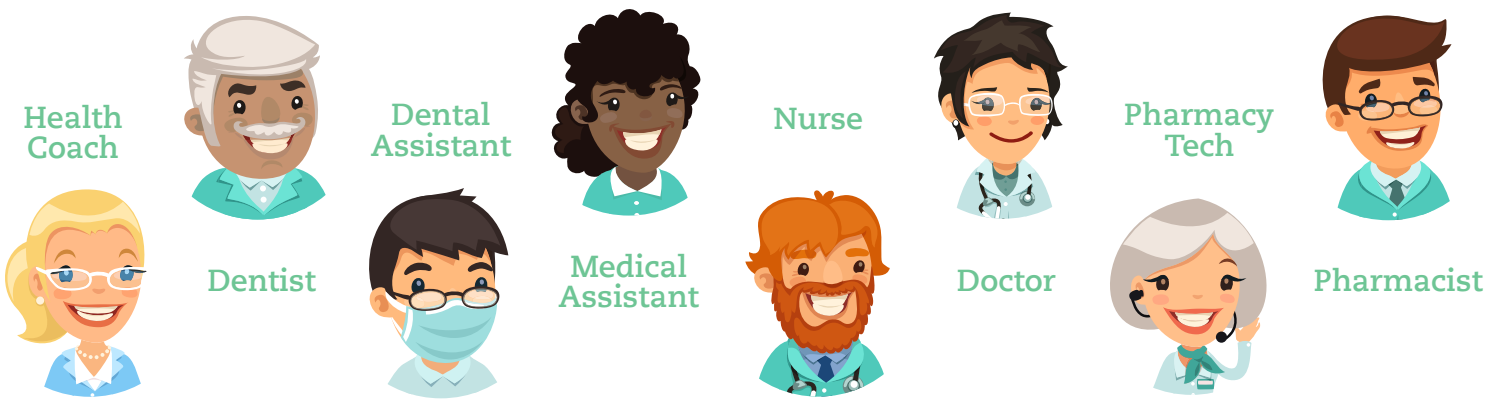


A day where middle and high school students can participate and have a “hands on” day with our providers.

>> Please register, space is limited – see attached.



 <b>When</b>	<b>Saturday, April 22</b> 10:00 a.m. - 2:00 p.m.
 <b>Where</b>	CFH Medical & Dental Sites 505 N.Jackson St. & 500 N.Jackson St.
 <b>For</b>	<b>A FREE Event for Middle &amp; High School Students</b>



Opening the Door to HEALTH CARE for All

[CenterforFamilyHealth.org](http://CenterforFamilyHealth.org) | 505 N.Jackson Street, Jackson, MI 49201

The Center for Family Health is an independent, federally qualified health center that never turns patients away because of inability to pay. It provides comprehensive, quality medical care, dental services and behavioral-health assistance to more than 27,000 patients at its main location in Jackson, a dental center, four school health centers, a satellite clinic at LifeWays, and a health center in Hillsdale.



# Center for Family Health

## PERMISSION AND RELEASE OF LIABILITY FORM (PLEASE PRINT)

EVENT AND LOCATION: Center for Family Health ("CFH") Career Day  
505 N. Jackson Street, Jackson, MI 49201

**DATE OF EVENT: Saturday, April 22, 2017**

NAME OF CHILD ("My Child"): \_\_\_\_\_ AGE OF CHILD: \_\_\_\_\_

PARENT/LEGAL GUARDIAN OF CHILD ("I"):

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

TELEPHONE NUMBER(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_

I am the parent or legal guardian of My Child. By signing this form, I give permission for My Child to participate in the CFH Career Day. I further give permission to CFH to take and use photographs and/or videos of My Child at the CFH Career Day for publicity and other purposes, without compensation to or on behalf of My Child. I understand the photographs and/or videos, including all negatives, prints and digital reproductions, are the property of CFH.

In the event of a medical emergency affecting My Child, I expressly authorize CFH to contact 911 and for emergency medical care to be administered to My Child. I authorize CFH to release My name and telephone numbers to emergency medical personnel involved in My Child's care in the case of such an emergency.

I understand that by executing this form I am not relieved of any financial or other obligations regarding My Child for which I am legally responsible. I accept full responsibility for all such obligations. I will look to my own resources, insurance and assets to pay for any medical bills, damages or costs if injury, illness, property loss or property damage occurs.

On behalf of My Child, myself and my spouse (if any), I release, indemnify and hold harmless CFH and its directors, officers, employees, agents and volunteers, from and against all claims, causes of action, demands, liabilities, damages or costs (including attorneys' fees), and agree not to make any claims or demands against CFH or the other released parties, relating to or arising out of My Child's participation in the CFH Career Day, including, but not limited to, those based on bodily injury, illness, property loss or property damage.

**By signing below, I acknowledge I have read and accept all of the above.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Parent or Legal Guardian of Child: \_\_\_\_\_

***This form must be completed and turned in before the date of the event. Please send your completed form via mail or facsimile to:***

Teri-Sue Steele, Executive Coordinator  
Center for Family Health  
505 N. Jackson Street  
Jackson, MI 49201  
(Fax) 517.787.7990

OR

Quinette Pledger  
Middle School at Parkside  
Administration Office  
2400 Fourth Street  
Jackson, MI 49203  
(Fax) 517.768-5968