

## **MEDIA AUTHORIZATION FORM**

**NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**DESCRIPTION OF INFORMATION TO BE RELEASED:** On October 11, 2018 students will participate in an interactive experience at Nebraska Medicine/UNMC where they will learn about different types of careers in healthcare in a fun and engaging way. Photos and videos may be taken throughout the day to be used in conjunction with news articles about what took place during the experiences.

**POSSIBLE AIR/PUBLICATION DATE:** After October 11, 2018

**CONSENT TO:** ☐ INTERVIEW ☐ PHOTOGRAPH ☐ VIDEOTAPE ☐ OTHER (check all that apply)

In the interest of education and advancement of the health sciences, I, the undersigned voluntarily authorize The Nebraska Medical Center/University of Nebraska Medical Center (Hospital/UNMC)/Nebraska Medicine Bellevue and its employees and agents to take photographs, produce newspaper or magazine articles, television programs, videotape recordings, internet materials and other visual and/or audio recordings in which I may be included in whole or in part for showing to the general public for publicity and promotion. I have had the opportunity to ask questions about the potential uses of the interview/photograph/videotape or other audiovisual.

☐ I consent to having my name identified in the materials

☐ I prefer not to be identified by name

I grant this authorization and give my consent as a voluntary contribution to the advancement of medical and other health sciences and education. Therefore, I waive the following: (1) any proprietary rights in the materials. And (2) any right I may have to inspect or approve the finished materials prior to publication.

I understand that the entities that receive the information may not be covered by federal privacy regulations and that the information described above may be used again by the recipient.

I understand the Hospital/UNMC will not receive compensation for its use/disclosure of the information

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment (if applicable).

I understand that I may withdraw this authorization in writing at any time by notifying: Meghan Bunger at [mbunger@nebraskamed.com](mailto:mbunger@nebraskamed.com) or Heidi Kaschke at [hkaschke@unmc.edu](mailto:hkaschke@unmc.edu)

I understand that the Hospital/UNMC may not be able to honor my request to withdraw this authorization if the information has already been released.

I release The Nebraska Medical Center/University of Nebraska Medical Center and its employees and agents from any claims arising from the use of such materials.

*Please complete other side*

## **SITE VISIT FORM**

### **STUDENT NAME:**

On October 11, 2018 I will attend a site visit at The Nebraska Medical Center, Bellevue Medical Center, UNMC Physicians (together, "Nebraska Medicine"), and/or the University of Nebraska Medical Center ("UNMC"). During this visit Nebraska Medicine and UNMC will provide an interactive experience about careers in healthcare and conduct tours of inpatient areas in the hospital. This site visit will not include any hands-on patient care.

I understand and agree to abide by the following site visit participation rules. I understand that failure to abide by these rules may result in immediate denial or termination of my site visit.

- I have received and am current on the following vaccinations:
  - DPT/TDaP (Diphtheria, Pertussis, Tetanus)
  - Influenza (flu shot)
  - Hepatitis B
  - Inactivated Poliovirus (Polio Vaccine)
  - MMR (Measles, Mumps, Rubella)
  - Varicella (Chicken Pox)
- I will not attend the site visit if I do not feel well or have any of the following symptoms of communicable diseases: cough/cold; fever (must be fever-free for at least 24 hours); Chicken Pox; Pertussis (Whooping Cough); Influenza (Respiratory Flu); Stomach Flu/Gastrointestinal Flu; Tuberculosis (TB); MRSA.
- I agree to maintain the confidentiality of all patient information I may come into contact with, and I will not disclose it to anyone. I will not take any photos or videos of patients or while located in patient areas.
- I will participate, observe and interact as instructed.

I agree to hold harmless and release Nebraska Medicine and UNMC, their employees, staff, and/or agents from any and all liability for damages or personal injury stemming from my participation in the site visit.

I authorize the staff at Nebraska Medicine and UNMC to provide medical treatment in case of emergency to:

\_\_\_\_\_ (Name of minor child)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_