TEXAS REGIONAL
HEALTHCARE
TRAINING CENTER

PARENT / GUARDIAN CONSENT

Student Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Phone Number: _____

Program Participation Consent
I, the undersigned parent/legal guardian, give permission for my son/daughter to enroll in and participate in a training program at Texas Regional Healthcare Training Center, including all required classroom instruction, skills labs, and clinical training experiences.

Clinical Training Acknowledgment
I understand that as part of the program requirements, my son/daughter will participate in supervised clinical training at an approved healthcare facility ("host training site"). These experiences are necessary to complete the program.

Assumption of Risk
I acknowledge that participation in healthcare training and clinical activities may involve certain risks, including but not limited to accidental injury or exposure to illness, despite appropriate safety measures and supervision.

Liability Release
To the fullest extent permitted by law, I agree that Texas Regional Healthcare Training Center and any affiliated or host training facilities, along with their staff, instructors, and representatives, shall not be held liable for any injury, illness, or unforeseen incident that may occur during my son's/daughter's participation in training or clinical activities, except in cases of gross negligence or willful misconduct.

Acknowledgment
I confirm that:

- I have read and understand this form
- I have had the opportunity to ask questions
- I voluntarily give permission for my son/daughter to participate

Parent/Guardian Signature: _____
Date: _____

Student Signature: _____
Date: _____