



PARENT / GUARDIAN CONSENT

_____ Date

To whom it may concern:

I, _____ do hereby permit
(Name of Parent / Guardian)

My son/daughter _____ of appropriate age
(Name of Student)

_____ to undergo clinical training which is
and a student of **Texas Regional Healthcare Training Center** taking one of the programs requirements. where I agree that
Texas Regional Healthcare Training Center and the host training establishment, _____
my son/daughter has to undertake clinicals is not, in any way liable for any injury or any other incident that potentially,
without anticipation, could arise during training or clinicals.

I further waive my rights as for any damages and liabilities and not hold **Texas Regional Healthcare Training Center**
and or the host training establishment accountable whatsoever.

Signature of Parent / Guardian: _____

Contact number of Parent / Guardian: _____