



Health Professions Recruitment and Exposure Program (HPREP)

Parental Consent Form

I understand the effort and time commitment required of my child and I give permission for him/her to participate. I understand HPREP is free to accepted students. I will see to it that he/she attends at least 8 of the 9 required virtual sessions.

Student Name: _____

Parent/Guardian Name (print): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

[HPREP 2020 SCHEDULE \(10:00 AM to 1:00 PM - 3-hour session\)](#)

Session 1: **October 3**

Session 2: **October 10**

Session 3: **October 17**

Session 4: **October 24**

Session 5: **October 31**

Session 6: **November 7**

Session 7: **November 14**

Session 8: **November 21** (Student Presentations and Closing Ceremony - Family Welcome)

***Students who miss more than one session will be dismissed from the program.**