

Parent/Guardian Consent Form

REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18



Please read each policy and guideline carefully.

Check each box below to indicate that you have read, understand, and agree to comply with the guidelines and policies.

(414) 937-0009

Healthheroesmke.com

By signing below, I represent that I am a parent/guardian of _____ (applicant name).

- ☐ **Medical Information:** I certify the answers and statements under the Medical Information section are true. My child is in good health with no communicable disease, and physically able to perform the duties of a nursing assistant. I do hereby release this information to the Health Heroes Academy administration and its instructors.
- ☐ **Medical Form:** I understand that the Health Heroes Academy medical form must be completed by a physician by the dates indicated on the class schedule. This form is available on the Health Heroes Academy website and will also be emailed to students upon acceptance into the program. Failure to complete the Medical Form by the dates outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- ☐ **TB Test Requirements:** I understand that my child will be required to provide proof of a TB test by the date indicated on the class schedule. A 2-step TB test takes a FULL 14 days and involves 4 visits to a clinic. A blood test or chest x-ray can be done in place of the 2-step TB test. Failure to provide proof of a TB test by the date outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- ☐ **Flu Shot Requirements:** I understand that my child may be required to receive a flu shot if clinicals occur between October 1 - March 31. If my child declines the flu shot, they will be required to wear a medical-grade mask during clinicals.
- ☐ **COVID-19 Vaccine Requirements:** I understand that my child may be required to be current with COVID-19 vaccinations before attending the first in-person lab day. Requirements vary by healthcare facility and may change at any time. My child may request a COVID-19 vaccine waiver by submitting documentation with this application. Acceptance of waivers is subject to clinical site approval. Failure to provide proof of COVID-19 vaccination by the date outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- ☐ **Background Information Disclosure Release:** I give to Health Heroes Academy, its representatives, and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of the submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, and share with clinical sites as needed. I understand that based on the results of this information, my child may be denied entry into the clinical portion of the course. Denial of entry into clinicals does not entitle me to reimbursement of any of the course fees paid or invoiced to date.
- ☐ **Hold Harmless Agreement:** I agree to release and hold harmless Health Heroes Academy from any and against any and all liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with current state and federal law arising out of participation in this program.
- ☐ **Attendance:** I understand that attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. Students scheduling make-up time will be required to pay an additional \$60 per hour needed to be made up. This fee covers additional instructor hours. No PERSONAL checks are accepted & all payments must be made in advance. A maximum of one (1) classroom day is allowed to be made up in this manner. Zero hours may be missed from the clinical time. Students WILL automatically fail if clinical time is missed. This includes being 1 minute late.
- ☐ **Conduct:** I understand that professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. Class disruptions, theft, damage to property, and verbal or physical abuse of students, residents, instructors, or clinical staff will not be tolerated and will lead to dismissal from the class without refund and other

appropriate actions will be taken when necessary. Smoking and vaping are prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during all class, clinical, and break times. Students may be dismissed at any time for inappropriate behavior and will fail the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.

- ☐ **HIPPA Requirements:** I will reinforce the concepts my child will learn about the Health Insurance Portability and Accountability Act (HIPPA), which my child will need to follow while working in a healthcare facility during their required clinical times. I will encourage my child to keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPPA laws. While my child is participating in work experience during clinical times, I understand that, even as their parent, I am not allowed to know any information regarding patients, staff, and situations within the healthcare facility.
- ☐ **Class Expectations:** I understand that to be successful in this program, my child must be able to read, write, and comprehend the English language at least at an eighth-grade level. I understand that all assigned classwork is REQUIRED to pass the course. Failure to complete ALL required assignments will result in my child failing the course. The final exam is a proctored exam that begins promptly at the scheduled start time. I understand that if my child arrives late, they will not be allowed to test and will fail the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- ☐ **Registration Fee:** HHA registration closes 2 weeks before the class start date. Once we receive and process a student's application, an email confirmation will be sent that the student has been "registered and placed on the roster." Once this email confirmation is sent, \$100.00 of the total student tuition is non-refundable.
- ☐ **Cancellation and Refund Policy:** Students must notify Matthew Lawson, Associate Director, at healthheroesmke@gmail.com to withdraw from the program. Students who have withdrawn ten (10) business days or more before the class start date will receive a full refund minus a \$100 registration fee. A student who withdraws five (5) to nine (9) business days before the class start date will receive a total refund of \$1,637.50. A student who withdraws less than five (5) business days before the class start date will not receive a refund. If HHA is NOT notified of a student withdrawal or a student is a "No Show," the student or sponsoring organization is not eligible for a refund. Students do not receive a refund if they are dismissed from the course for cause or if they fail the course.
- ☐ **Transfers:** The Cancellation and Refunds Policy above also applies if a student requests to transfer into a different class. In the event of extenuating circumstances, students must provide proper documentation to be eligible for a waiver of the fees to be transferred into a future class.
- ☐ **Dismissed/Failed:** If a student is dismissed from the program or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund. All testing fees will be credited to the account or will be refunded.
- ☐ **Media/Photo Information Release:** Periodically throughout the training program instructors will take pictures of the students practicing skills. These photos are highlighted on our Facebook page and website and are occasionally used for marketing purposes. Students can tag themselves or share the photos on their personal pages with their friends and families. Group photos are typically taken and shared on the last day of class. *You may choose to opt-out below.*
- ☐ **Media/Photo Information Disclaimer:** I give Health Heroes Academy LLC, its designees, agents, and assigns, unlimited permission to use, publish, and republish in any form or media, information about my child and reproductions of my child's likeness (photographic or otherwise) and my child's voice, with or without identification of my child by name.
 - ☐ I agree to the terms and conditions of the media/photo information release.
 - ☐ I choose not to have my child's photos posted and I understand that this means that my child will NOT be included in any photos taken during the class or at graduation.

I have read, understand, and agree to comply with all of the above guidelines and policies.

Print Name

Date

Parent/Guardian Signature