



## Parent Consent and Media Release Form

On \_\_\_\_\_, your student is invited to participate in Temple University Hospital's *Cradle to Grave* violence prevention program in which s/he will be escorted throughout the hospital by trauma outreach coordinator Scott Charles and other medical personnel. During this program, students will:

- Visit a trauma bay in the emergency department, where a trauma surgeon will guide students through the procedures commonly conducted while treating the more than 400 gunshot victims that Temple University Hospital sees each year;
- Participate in an interactive discussion with Mr. Charles, in which they will be asked to interpret the violent messages to which they are exposed through music, television and, ultimately, their communities;
- Enter the hospital's morgue, where they will be asked to reflect on the fragile nature of life and to consider that this is where participants in disputes – both large and small – often end up; and
- Hear from the families of murder victims who will discuss the struggle to go on after losing loved ones to violence.

Throughout this visit, students will be exposed to graphic images and language, and encounter strong emotions. However, **visitors to the program have been known to faint**. It is not the intent of this program to upset or frighten students, but rather to provide them an honest and unrestricted look at the consequences of violence that is, on balance, as compelling as the uncensored messages they often receive – through popular media and in their communities – which can foster callous attitudes and violent behavior. It is our hope that after participating in this program, students will be less likely to place themselves in situations in which they might become either the victims or perpetrators of violence.

I hereby consent to the participation in interviews and the taking of photographs, movies or other media recordings of the Student named below. I also grant Temple University Hospital the right to edit, use, and reuse said products for non-profit purposes, including use in print, on the Internet, and all other forms of local and national media. I also hereby release Temple University Hospital and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

By signing below, I am agreeing to allow my student to participate in the “Cradle to Grave” program.

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

If you have any questions regarding the Cradle to Grave program, feel free to contact Scott Charles, trauma outreach coordinator, Temple University Hospital at (215) 707-8398