

## INFORMED CONSENT / PARTICIPANT AGREEMENT

All Mini Med School Participants are required to submit a signed copy of the following participant agreement at the time of registration.

To ensure the safety and security of all participants and the BC Children's Hospital community, participants who do not submit this agreement will not be permitted to attend the event if selected.

The participant agreement must be signed by both the participant and a parent/guardian.

If you have any questions or concerns, contact [researchevents@phsa.ca](mailto:researchevents@phsa.ca).

I, \_\_\_\_\_ (name), am participating in Mini Med School Vernon, hosted by the BC Children's Hospital Research Institute at the Prestige Vernon Lodge & Conference Centre on Friday, May 3, 2024, from 8:30 am – 3:30 pm.

As a Participant, I acknowledge and agree to the terms outlined in this document.

### Responsibilities for Participants:

- I agree to respect the difference in others, their ideas, and opinions.
- I agree to refrain from inappropriate and disrespectful conduct, such as bullying, harassment, discrimination, or racism.
- I agree to be punctual and prepared to be part of an environment dedicated to active learning.
- I agree to follow the instructions and directions of the Mini Med School team.
- I agree to Covid-19 symptom screening checks. **I will not attend in-person if I am sick.** I will let the event organizers know if I have experienced any symptoms of Covid-19 or have had a known exposure.
- If asked, I agree to wear a medical mask to help protect the Mini Med School faculty, which includes individuals who regularly work in healthcare and research spaces.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I understand that lecture materials may be difficult and triggering. I will make my safety and well-being my first priority. I acknowledge that I have the ability to leave the main spaces as needed at any time. Participants will be able to move freely between the conference areas, lobby, and washrooms.
- I understand that I may be photographed or recorded by the Mini Med School team during this event and that photographs or recordings of me may be used in promotional materials. I agree that the BC Children's Hospital Research Institute may use any photographs or recordings taken during the Mini Med School event in its promotional materials, including photographs or recordings of me.

## Activity

Mini Med School Vernon is being offered as a public education and health science outreach program through the BC Children's Hospital Research Institute. Participants will be supervised by thirteen adults, including ten faculty speakers and three program administrators. The Mini Med School event will be in a lecture format and will involve the following activities:

- Attendance and participation in a series of lectures relating to child and family research;
- The opportunity to participate in supervised group activities related to research and clinical discoveries;
- The opportunity to ask questions and receive answers from scientific leaders and world-class clinicians;
- The opportunity to engage with Mini Med School faculty and as many as 65 peers in an indoor space;
- The opportunity to participate in a networking lunch where catering will be provided;
- The potential to view or interact with samples and specimens that may be found in a hospital or clinical laboratory environment. This may include biological specimens such as tissue, fluids, and blood.

## Description of Risks

The activities have foreseeable and unforeseeable inherent risks, hazards, and dangers. No amount of care, caution, or expertise can fully eliminate the potential for harm. Potential risks of attending Mini Med School Vernon include:

- Exposure to a variety of samples and specimens that may be found in a clinical laboratory setting, including biological specimens such as tissue, fluids, or blood;
- Exposure to contagious diseases such as Covid-19; and
- Discomfort or distress caused by engaging with challenging health topics and clinically graphic images.

## Acknowledgement

I acknowledge that there are risks associated with participating in the Mini Med School Vernon event. I understand that the measures taken by the Mini Med School team will not entirely eliminate those risks.

I confirm that I have read this agreement, understand it, and that I have executed this agreement voluntarily.

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Name of Participant (Print)

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Signature of Participant

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Name of Parent/Guardian (Print)  
(If participant is under 19)

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Signature of Parent/Guardian

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Date Signed