



SUMMER SURGERY PROGRAM

UC IRVINE SCHOOL OF MEDICINE

Student Gross Anatomy Lab Consent Form

Dear Parents/Guardians,

During UC Irvine's Summer Surgery Program, we will conduct a Fetal Pig Dissection Laboratory with fetal pig specimens. A surgery fellow or medical student will be teaching this class. Although most students have no reaction or problems in such classes, a few sometimes experience varying degrees of anxiety or dislike for the smell of preservatives used to maintain the specimens.

Your son/daughter can choose NOT to attend the class and work instead on his/her project or arrive at 11 a.m. on the day of the anatomy lab. Please read and choose one of the following options. Your signature is required.

___ My child, _____, will **not** attend the Fetal Pig Dissection lab session.

___ My child **will** attend the Fetal Pig Dissection lab session. As the Parent/Guardian of _____, who is under 18 years of age, I give permission for my child to participate in the Fetal Pig Dissection Laboratory. I acknowledge that the nature of the activity may be associated with minor hazards or risks (as described above). I hereby accept all risks of injury to my child's health that may result from such participation. I also release the Regents of the University of California, its employees and representatives from any and all claims, actions, suits, procedures, costs, damages and liabilities brought as a result of my child's involvement in the Fetal Pig Dissection Lab as a part of the Summer Surgery Program at the University of California, Irvine.

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Name of Parent/Guardian (print legibly): _____