

**Champlain Valley Area Health Education Center
MedQuest Program**

Applicant-Guardian Agreement

Student's email address: _____

Student I certify that the information given in this application is true and correct. I have given the reference form to a school professional to complete. If I am accepted to attend MedQuest, I agree to a) promptly respond the attendance confirmation email, b) pay the non-refundable conference fee of \$500 (or less, if assistance is needed and a partial scholarship is provided), and c) complete assigned readings prior to the event. I also agree to observe health and safety rules, participate in discussions and activities, and listen to and encourage other student participants.

Name (print) _____

Signature _____

Date _____

Parent/Guardian I give my son/daughter/ward permission to apply for admission to the *MedQuest program*. I give Champlain Valley AHEC and my child's reference permission to discuss my son/daughter/ward's readiness to participate in this program. If my son/daughter/ward is accepted to attend MedQuest, I will a) help fill out and return the attendance information through email, b) pay the non-refundable conference fee of \$500 (due with attendance confirmation, minus any scholarship funds that may be awarded to students in need), and c) provide transportation to and from the event at my expense.

Name (print) _____

Signature _____

Date _____

→ **Please return to** Champlain Valley Area Health Education Center, 92 Fairfield St., St. Albans, VT 05478, or fax to (802) 527 – 1632, **before February 10th**. Questions: Call (802) 527-1474