BIOMEDICAL SCIENCE

VIDEO/MOVIE PERMISSION FORM

PRINCIPLES OF BIOMEDICAL SCIENCE

\_\_\_\_\_ PBS

HUMAN BODY SYSTEMS

\_\_\_\_\_ HBS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that

(parent name)

in the Biomed classroom videos/movies/websites with graphic content (Autopsy, Figure 1 app and other medical sites) will be shown during the school year.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(child’s name)

\_\_\_\_\_ has my permission to watch videos/movies/other associated with Biomed.

\_\_\_\_\_ does NOT have permission to watch videos/movies/other associated with Biomed and will be sent to the library for another assignment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)