



## Free Educational Outreach Program Request Form

**This form must be completed at least 60 days prior to the date requested for the associated event. If the form is not completed in its entirety, we will be unable to review and approve the request.**

MedExpress is proud to support our local communities by providing resources that educate children about the importance of healthy habits. We are excited to partner with schools, daycares, and extracurricular groups in our neighborhoods.

Our three unique programs, Teddy Bear Clinics, Build Your Own First Aid Kit, and Gergy Hands, can be brought to your location and are provided free of charge by MedExpress team members. To learn which program is right for you, click [here](#). Each visit is approximately 30 minutes and is dependent upon staff availability and proximity to MedExpress centers.

To request a visit, please complete the information below and send to [communityconnections@medexpress.com](mailto:communityconnections@medexpress.com).

General Information	
School/organization name	
Outreach Program requested	<input type="checkbox"/> Teddy Bear Clinic <input type="checkbox"/> Gergy Hands <input type="checkbox"/> First Aid
Number of students	
Grade(s)	
Closest MedExpress location? For a list of local centers, visit <a href="http://www.medexpress.com">www.medexpress.com</a>	City: State:
3 preferable dates/times  *The MedExpress Center Manager has the autonomy to set-up dates that will work best for the troop and the center. Visits are dependent upon staff availability and proximity to MedExpress centers.	1 <sup>st</sup> preference:  2 <sup>nd</sup> preference:  3 <sup>rd</sup> preference:
Is MedExpress able to get pictures with the students to possibly share on social media or our website? If so, we will need a photo release form completed for each child.	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please <a href="#">download forms here</a> , have them completed by guardians, and submit to ME at the visit.
Are there any specific parking details?	
Do you have children with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, will an aide or assistant be available to help during the presentation?

Urgent Care MSO, LLC ("MSO") is a management services company which provides management services on behalf of Private Office Practices operating urgent and walk-in care centers under the name "MedExpress." The Private Office Practice has complete authority with regards to all medical decision making and patient care. MSO shall, in no way, determine or set the methods, standards, or conduct of the practice of medicine or healthcare provided at, by, or through any Private Office Practice, or by any of its professionals. MSO provides consultation services and offers recommendations through its Chief Medical Officer for the Private Office Practice to consider, reject, revise and/or adopt as it deems fit.



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Contact Information of Teacher/Instructor	
Name	
Phone	
Email	

Social Media – please provide direct links associated with your school or organization.	
Facebook Page	
Twitter Handle	
Hashtag	



## Name, Likeness, Interview Content and Voice Authorization and Release Form

I hereby authorize Urgent Care MSO, LLC ("MedExpress") and its affiliates the right to use my name, likeness and interview content, and to film, photograph, record and edit my appearance and voice for publicity, educational, marketing, and advertising purposes through internal publication, external publication, radio, television, video or internet.

I agree, further, that:

1. Such photographs, films and/or interview content will disclose the fact that I have been a patient of MedExpress and may contain other information about me, including private health information, what I say in the interview, and facts that can be inferred from the photograph or film. I understand that information used or disclosed under this authorization may be reused by the recipient and may no longer be protected by privacy regulations.
2. The results of my services, contributions, input and/or authorization hereunder shall be deemed the property of MedExpress, and all right and title to, and interest in them; and any and all elements thereof, shall be the sole and exclusive property of MedExpress, under U.S. Copyright Law and otherwise.

MedExpress shall have the rights to use, without compensation to me, my name, biography, recorded voice and performance, interview content, photo and likeness in connection with any and all uses, and I hereby give my consent to all such uses. I hereby fully and forever release MedExpress and its affiliates from and against any and all claims, known and unknown, in any way relating to use of my name, biography, other information/materials referenced herein, recorded voice and/or performance, interview content, photo, likeness, and the like. I understand that I am not required to sign this form in order to receive treatment for my care.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

(Parent/Guardian's Signature if under 18)

\_\_\_\_\_  
**Age**

(If under 18)

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_