



Parent / Guardian Permission Form

As the parent or guardian of a student who is eligible to participate in the RealCare™ Pregnancy Profile® Simulator learning experience, I have read and understood the following:

- The Pregnancy Profile® Simulator is a part of the _____ class.
- The Pregnancy Profile® Simulator will require my son or daughter to experience many of the physical symptoms of the third trimester of pregnancy, including 25 pounds of weight gain, bladder pressure, fetal movement, and drastic change in body image. This experience, along with the accompanying curriculum activities, is intended to help my son or daughter learn about the life-changing impact of pregnancy.
- I have been made aware of all safety precautions my son or daughter must be aware of while wearing the simulator:

The Pregnancy Profile® is to be used for educational purposes only. Misuse of this product can cause serious injury.

While wearing the simulator:

- **Do not** walk on steep inclines or slippery surfaces.
- **Do not** wear high-heeled or slippery shoes.
- **Do not** twist side to side while bending over.
- **Do not** make any abrupt movements.
- **Do not** jump or run.
- **Do not** engage in strenuous activities, especially in hot weather, as there is a risk of heat stroke.
- **Use proper lifting technique** by squatting down, bending at the hips and knees only, and keep your upper back straight while maintaining a slight arch in your lower back. Slowly lift by straightening your hip and knee joints (not your back). Do not attempt to lift by bending forward at the waist. Never lift a heavy object above shoulder level. Avoid turning or twisting your body while holding a heavy object.
- **Immediately discontinue** using this product if you feel any sharp pain, dizziness or tingling in your fingers.
- The Pregnancy Profile® Simulators are school property. If the simulator is damaged or lost while in my son or daughter's possession, I may be held responsible for repair or replacement costs of up to \$450.

Having read and understood all of the above, I agree to allow my son or daughter to participate in the Pregnancy Profile® Simulator learning experience.

Print name _____

Signed _____ Date _____

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No, I do not give permission for my son or daughter to participate in the Pregnancy Profile® Simulator learning experience. I understand that my son or daughter will not receive a lower grade because of my refusal. I understand that an assignment requiring an equal amount of work may be given as a substitute for this project.

Print name _____

Signed _____ Date _____