

Under 18 Parental Consent Form

Dear Prospective Student,

Thank you for your interest in our program at LNA Health Careers! Based on the information you provided in your application, we recognize that you are under the age of 18. Please be aware that Federal Child Labor Laws prevent anyone under the age of 18 from using mechanical lifts. These lifts are in most medical and long-term care facilities. As a result, most employers will not hire healthcare workers under the age of 18.

LNA Health Careers can still provide educational training to your minor child and, if required for your chosen program, the NH BON or NHA will allow the child to sit for the appropriate credentialing exams, however, it may be difficult to secure employment as a healthcare worker while you are under the age of 18. LNA Health Careers cannot guarantee the ability for you to find gainful employment in the healthcare industry as a minor.

If you'd like to move forward with the application process, please sign and have a legal parent/guardian review and sign this form, and return to the Admissions Office.

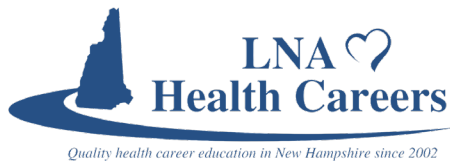
Please note: This consent form must be signed and returned to the Admissions Office before we can register you into a class.

Sincerely,

Kerri Dutton, RN
Director
LNA Health Careers

I have read and understand the above information and have elected to enroll my minor child as a student at LNA Health Careers.

Parent/Guardian Print Name	Parent/Guardian Signature	Date
Student Print Name	Student Signature	Date



Parent/Guardian Release

As the parent/guardian of _____ who is soon to be enrolled as a student at LNA Health Careers, I certify that I have reviewed a copy of the [Student Handbook \(click to view online\)](#) and the Enrollment Agreement found on the Student Portal that I have read its contents and agree to all of the policies listed.

Please initial your understanding of the Handbook and Enrollment Agreement Policies

___ I understand the \$450 seat deposit is non-refundable for any reason

___ I understand that once my child's selected course date has been passed, there are no refunds. If the student wishes to withdraw from the course, they must do so in writing at minimum 48 hours before the start date to Info@lnahc.com

___ I understand that there are no exceptions to missed clinical time. If the student misses clinical time and it needs to be made up outside of the schedule clinical hours, the make-up fee is \$45/hour.

___ I understand that if the student is sponsored or funded by a 3rd party, please note that they do not pay for make up fees and that the make-up fees will be my responsibility.

___ I authorize my credit card to be charged for the \$450 seat deposit to save my child's seat in class.

___ I understand the remainder of the course costs must be paid in full in order for my child to receive a certificate of completion and to sit for any included exams.

Parent/Guardian Print Name	Parent/Guardian Signature	Date
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Student Print Name	Student Signature	Date
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Please sign, date and return forms to LNA Health Careers, 70 Market Street, Manchester, NH 03101 or Info@LNAHC.com. Please call the office if you have any questions: (603) 647-2174.



Quality health career education in New Hampshire since 2002