

PRINCETON UNIVERSITY
PARENT CONSENT STATEMENT & INSURANCE DOCUMENTATION
(to be filled out by faculty mentor and parent/guardian)

The undersigned parent/guardian of _____ understands, hereby consents and agrees as follows:

1. My child meets the eligibility criteria for participating in an educational program for high school students (16 years old and, US citizen or permanent resident alien) and has been offered the opportunity to participate in the Laboratory Learning Program at Princeton University, in the following laboratory:

Name of faculty mentor: _____

Contact phone number: _____

Faculty email: _____

Departmental administrator: _____

Contact phone number: _____

Departmental administrator email: _____

Proposed Dates of Participation: _____

I understand that laboratories are specialized environments involving the use of scientific equipment, chemicals and biological materials, which even under ideal conditions may involve significant risk.

My child will be required to successfully complete all relevant training and safety instruction prior to beginning laboratory research. This may include laboratory safety training, instruction in the proper handling of such instrumentation and materials, and other research specific training.

Knowing the circumstances and risks described above, and in consideration of permission for my child to study in the above-referenced laboratory, I agree, on behalf of myself and my family, to my child's studying in a Princeton University laboratory.

2. I grant my permission to Princeton University, its physicians, members of its faculty, agents, servants and employees to provide such emergency care and treatments, as in their judgment may be deemed necessary or advisable in the event that my child should require emergency care while acting in the course of his/her study at the University. I assume the cost of such emergency care and treatment, if any.
3. I accept responsibility for any treatment or care required by my child beyond the emergency status, and understand that I shall be liable for all costs and charges incurred on his or her behalf.

Signed (parent/guardian): _____

Date: _____

Print name and relationship: _____

Mailing address: _____

Daytime and evening phone numbers: _____

Email address: _____

Witness Signature: _____

Witness Name (Print): _____

Date: _____

Insurance Information

Insurance Carrier: _____

Carrier Group Number: _____

Policy Holder's Name: _____

Policy Holder's ID#: _____

If applicable, Insurance Carrier
pre-certification telephone number: _____

Address for claim submission: _____

Medical Emergency Contact Information

Person(s) to contact first:

Name(s): _____

Relation to Student: _____

Daytime phone: _____

Evening phone: _____

Backup contact (relative or friend):

Name(s): _____

Relation to Student: _____

Daytime Phone: _____

Evening Phone: _____

Please return completed form to the Office of the Dean for Research, 91 Prospect Avenue, Princeton University, Princeton, NJ 08540. Email dfrr@princeton.edu; phone 609-258-5500; fax 609-258-5599.