

**PRINCETON UNIVERSITY
PARENT CONSENT STATEMENT & INSURANCE DOCUMENTATION**

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, US citizen or permanent resident alien) and has been offered the opportunity to participate the Laboratory Learning Program at Princeton University, assigned to the following laboratory:

Name of Head of Laboratory

Approximate Dates of Participation

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

My child will be required to successfully complete a laboratory safety instruction course and will receive instruction in the proper handling of such instrumentation and materials to minimize risk.

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.

Date: _____

Witness: _____

Signed (parent/guardian) _____

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:

Backup contact (relative or friend)

Name(s): _____

Name(s) _____

Relation to Student: _____

Relation to Student _____

Daytime phone: _____

Daytime Phone _____

Evening phone _____

Evening Phone _____

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