Laboratory or Department Unpaid Student
Business Offices, School of Engineering and Applied Science,
University of Pennsylvania

PARENTAL CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM
(required when student is a Minor)

As the undersigned parent/guardian of _______________________________, I understand and consent as follows:  

Print Minor’s Full First and Last Name

1. My child has been offered an unpaid position with Penn Engineering for educational/training purposes in the following laboratory:
   
   Name of Responsible Faculty Advisor: _______________________________

   Name of Head of Laboratory/Supervisor: _______________________________

   Description of Project: ______________________________________________

   Duration of position: From: ____________________________  To: ____________________________

2. I understand that laboratories are specialized environments in which chemicals, biological materials, and special instruments are often used, which can have the potential for creating hazardous conditions. I am aware of the potential for such risk, and I agree to my child’s volunteering in a Penn Engineering laboratory.

3. In the event of any emergency occurring during my child’s experience, I grant permission to the Univ. of Penn, its physicians, members of the faculty, agents and employees to provide such emergency care and treatment as in their judgment may be deemed necessary or advisable. I agree to cover the cost of such emergency care and treatment, if any.

4. I accept responsibility for providing any treatment or care my child might require beyond emergency treatment.

Name of Parent/Guardian: (Please print full name) ________________________________________________

Signed: _______________________________________

Date: __________________________________________

Medical Emergency Contact Information

Person to contact first:  Person to contact second:  Person to contact third:

Name: __________________________ Name: __________________________ Name: __________________________

Relationship: __________________________ Relationship: __________________________ Relationship: __________________________

Day Tel: __________________________ Day Tel: __________________________ Day Tel: __________________________

Mobile: __________________________ Mobile: __________________________ Mobile: __________________________

Eve Tel: __________________________ Eve Tel: __________________________ Eve Tel: __________________________

To the Student: Please return completed form to Head of Laboratory identified above.
To the Head of Laboratory/Supervisor: Please send completed form to SEAS, HR. Keep a copy for your records.
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BEHAVIORAL AGREEMENT

Name of Student: ________________________________________________________________

Department: ____________________________________________________________________

Laboratory Name: ____________________________________________________________________

Name of Head of Laboratory/Supervisor: ________________________________________________

Responsible Faculty Advisor: ___________________________________________________________

In recognizing that the success of this experience depends on cooperation and commitment to the highest standards of conduct, you are hereby asked to agree to the following:

- Abide fully by the University of Pennsylvania’s Code of Conduct and Code of Academic Integrity, Penn Engineering’s Code of Ethics, and abide by all laws and other relevant legal conditions surrounding the program. These articles may be found at:
  - Penn Code of Conduct: http://www.upenn.edu/osl/conduct.html
  - Penn Code of Academic Integrity: http://www.upenn.edu/osl/acadint.html
  - Penn Engineering Code of Ethics: http://www.seas.upenn.edu/ugrad/ethicscode.html

- Conduct yourself in accordance to the highest personal standards of character and integrity and not engage in any behavior that is deemed as inappropriate or unacceptable by the Head of Laboratory/Supervisor, Responsible Faculty Advisor or an authority of the School of Engineering or University of Pennsylvania.

- Actively engage in the practice of good personal safety behaviors.

If, in the opinion of the Head of Laboratory/Supervisor, Responsible Faculty Advisor or an authorized officer of the School, you are found to be in non-compliance of this agreement, the experience may be terminated immediately.

Signature of Student ___________________________ Date ___________________________

(If Student is under 18 years)
Print Full Name of Parent/Guardian: ___________________________________________________

Signature of Parent/Guardian (Required if Student is under 18 years) ___________________________ Date ___________________________

Signature of Head of Laboratory/Supervisor ___________________________ Date ___________________________

Signature of Responsible Faculty Advisor ___________________________ Date ___________________________

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