CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM

I, _____________________________, understand and consent as follows:

1. I have been offered an unpaid position with Penn Engineering for educational/training purposes in the following laboratory:
   _____________________________

   Name of Head of Laboratory/Supervisor: _____________________________

   Name of Responsible Faculty Advisor: _____________________________

   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 agree to follow supervision in order to reduce such risk. I am aware of the potential for such risk, and I agree to volunteer in a Penn Engineering laboratory.

3. In the event of any emergency occurring during my experience, I grant permission to the Univ. of Pennsylvania, 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 I might require beyond emergency treatment.

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.
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

- 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 volunteer 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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