



PARENT CONSENT STATEMENT & INSURANCE DOCUMENTATION

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

1. My child is 16 years of age (date of birth: _____) and has been offered the opportunity to work at UMDNJ, assigned to the following faculty sponsor:

Name of Faculty Sponsor/ Department: _____
Requested Start Date: _____ Requested End Date: _____

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

My child will be required to attend laboratory safety instruction course (s) and will be taught as well as supervised 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 work in the above-referenced laboratory, I agree, on behalf of myself and my family, to my child's working in the UMDNJ laboratory.

2. I grant my permission to UMDNJ, 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 work 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) _____ Signed (Witness) _____
Date: _____ Date: _____
Parent Email/Phone _____

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 and second: Backup contact (relative or friend)
Name(s): _____ Name(s) _____
Relation to Student: _____ Relation to Student _____
Daytime phone: _____ Daytime Phone _____
Evening phone _____ Evening Phone _____

A copy of the student's working papers, (Employment/Age Certificate) and the High School Sponsorship Form has been submitted to the Faculty Sponsor listed above.

NOTE: Faculty Sponsor – keep a copy for your records before submitting this form to your school's Research Office along with the student's working papers, the [High School Sponsorship Form](#) and your completed [Proposal Form](#).