CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM

I, ____________________________, understand and consent as follows:

Print First and Last Name

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 ________________

Signature of SEAS HR __________________________ Date ________________

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To the Head of Laboratory/Supervisor: Please send completed form to SEAS, HR. Keep a copy for your records.