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 a paid position with Penn Engineering in the following laboratory/department:

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 working in a Penn Engineering laboratory/department.

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/Department identified above.

To the Head of Laboratory/Supervisor: Please send completed form to SEAS, HR. Keep a copy for your records.
Laboratory or Department Paid Student
Business Offices, School of Engineering and Applied Science,
University of Pennsylvania

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 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 __________

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