

**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:                      <sup>Date</sup> To:                      <sup>Date</sup>

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) \_\_\_\_\_

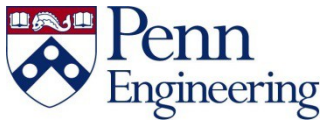
Signed: \_\_\_\_\_

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.



**Laboratory or Department Unpaid 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>  
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

**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.