PARENT PERMISSION FORM FOR MINOR PARTICIPANTS – SUMMER PROGRAMS

My daughter, ________________________________, is participating in the
PennGEMS summer program at the University of Pennsylvania from Aug 2 to Aug 6

I have carefully read, understand and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child’s participation in the summer program. It is agreed that my child’s participation is adequate consideration.

Student Signature ________________________________ Date: ______________

Parent (or Guardian) Signature: __________________________ Date: ______________
Authorization for Medical Treatment of a Minor

I hereby authorize representatives of the PennGEMS program at the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as Participant is participating in the program. Exceptions: (if none, write “none”) ____________________________________________________________

Participant is allergic to the following medications: __________________________________________

Other medical conditions that you wish for those providing treatment to be aware of: ____________________________________________________________

Name of Participant’s physician: __________________________________________________________

Name of Participant: __________________________________________________________

Signature of Parent or Guardian: ______________________________________ Date: __________

Print Name: __________________________________________________________

Insurance Information

Is Participant covered by a health insurance plan? yes_____ no_____**

If yes, what insurance plan?
Name of insurance company ____________________________________________

Policy or plan number(s) ____________________________________________

(*Please provide ALL numbers and/or codes to identify your plan or policy and attach a photocopy of your membership card or policy document to this form.)

Name of subscriber to policy or plan ______________________________________

Relationship to Participant ____________________________________________

Name of Participant ________________________________________________

**If Participant is not covered by health insurance, parent or guardian’s signature on this authorization certifies their acceptance of financial responsibility for emergency care if it is needed.
Program Emergency Contact Information

Print Participant’s Name: __________________________________________________
(First, Middle, Last/Surname)

Participant’s Birthdate: ________________________________________________

Two emergency contacts and 24/7 contact information is required:

1. Name: _____________________________________________________________
   Relationship to Participant: _________________________________________
   Phone # Day: Area Code ( ) _________________________________________
   Phone # Evening: Area Code ( ) _____________________________________
   Cell: Area Code ( ) _________________________________________________
   Permanent address: _________________________________________________
   E-mail address: _____________________________________________________

2. Name: _____________________________________________________________
   Relationship to Participant: _________________________________________
   Phone # Day: Area Code ( ) _________________________________________
   Phone # Evening: Area Code ( ) _____________________________________
   Cell: Area Code ( ) _________________________________________________
   Permanent address: _________________________________________________
   Email address: _____________________________________________________
SUMMER PROGRAM PARTICIPANT AGREEMENT

I, ______________________________, am a participant in the following summer program at the University of Pennsylvania:

PennGEMS: Girls in Engineering, Math and Science

The dates of this program are: August 2-6, 2010

As a condition of my participation in this program, I agree and understand the following:

1. I will abide by the rules and regulations of the program as explained to me by the program supervisors.

2. I will attend program activities as required.

3. I will treat each person in the program with respect and courtesy. Abusive language is strictly forbidden. Bullying, hazing, threatening behavior, and harassing conduct are also strictly forbidden.

4. I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.

5. I understand that all sexual activity is absolutely forbidden and will not be tolerated.

6. I understand that the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law.

7. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately or that I may be subject to other appropriate disciplinary action.

Student Signature: ______________________________________ Date: _______________

Parent/Guardian Signature: _______________________________

Date: _______________
PennGEMS
Credit Card Authorization Form

Participant Name _______________________________________________________________

I HEREBY AUTHORIZE THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA TO
BILL MY CREDIT CARD ACCOUNT

CREDIT CARD TYPE
VISA
MASTERCARD
AMERICAN EXPRESS
DISCOVER

Name as it appears on card _______________________________________________________

Account Number ______________________________________ Expiration Date___________

Signature _____________________________________________________________________

For verification purposes, card holder can be reached at:

Phone_________________________________________________________________________

E-mail________________________________________________________________________

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To be completed by Camp Staff

<table>
<thead>
<tr>
<th>Charge Amount</th>
<th>$600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Member</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Additional Notes:</td>
<td>Payment for PennGEMS</td>
</tr>
</tbody>
</table>
Personal Information Data Sheet

Name of Participant:______________________________________________________________

Parent or Guardian Name __________________________________________________

At the end of each class, who will pick up your child?______________________________

Phone number of person who will pick up your child_____________________________

Date of birth of your child__________________________________________________

Does your child suffer from any food or other allergies?   YES  NO

If yes, please specify allergies _______________________________________________

Is there anything else we should know about your child? __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________________  ________________________
Signature of Parent or Guardian of Participant  Date

Printed Name of Parent of Guardian