

**PRINCETON UNIVERSITY
PARENT CONSENT STATEMENT & INSURANCE DOCUMENTATION**

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

1. My child has been offered the opportunity to work (either paid or unpaid) at Princeton University, assigned to the following identified laboratory:

Name of Head of Laboratory/
Head of Department

Term of Internship

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

My child will be required to attend a laboratory safety instruction course and will be taught and/or 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 Princeton University laboratory.

2. I grant my permission to Princeton University, 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.

Date: _____

Witness: _____

Signed (parent/guardian) _____

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 _____

Please return completed form to Head of Laboratory identified above, Princeton University, Princeton, NJ 08544.

NOTE: Head of Laboratory – copy for records before attaching proposal form.