

# AUTHORIZATION BY PARENT/GUARDIAN FOR STUDENT TO PARTICIPATE IN LAB RESEARCH AT WESTERN MICHIGAN UNIVERSITY

We are asking you to complete this form giving your authorization for your son/daughter to participate in laboratory research at Western Michigan University and to give us permission to obtain treatment for him/her for minor injury or medical problems. In the event of injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Family \_\_\_\_\_  
Physician \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Phone number(s) where parent(s) can be contacted in case of emergency \_\_\_\_\_

List any medical problems, allergies or other relevant information of which we should be aware

Western Michigan University is hereby authorized to obtain medical treatment and to incur medical costs necessary to provide medical treatment for my child, for which I shall be fully responsible.

Signature \_\_\_\_\_

My son/daughter has my permission to participate in laboratory research functions at Western Michigan University. I acknowledge that there are potential chemical and physical hazards associated with work in chemistry labs. I assume the risks involved in laboratory situations and accept the consequences involved in participation in Project SEED.

I understand that, as a condition of this program, Western Michigan University may require my son/daughter to participate in a health surveillance program including physical examinations and I consent to such participation and examination.

I hereby release Western Michigan University, their Board of Trustees and staff from any liability that may result from participation in laboratory research. In the unlikely event that inventions result from participation in the course of the work they will be assigned to Western Michigan University; I and my child disclaim all right therein.

I understand that my son/daughter will receive no remuneration from Western Michigan University, except as explained in the "acceptance" letter.

Signature \_\_\_\_\_

Date \_\_\_\_\_