ADULT CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM

I, ____________________________________________, understand and consent as follows:

Student’s Full First and Last Name (Print)

I have been offered a summer volunteer position at the University of Pennsylvania in the Airways Biology Initiative for educational/training purposes, from the third week of May until the second week of August.

I understand that the University of Pennsylvania is not responsible for any of my travel expenses or housing/living expenses.

I understand that laboratories are specialized environments in which chemicals, biological materials, and special instruments are often used, and can have the potential for creating hazardous conditions. I recognize and acknowledge the potential for such risk, and I agree to volunteer in the Airways Biology Initiative Summer Research Program.

In the event of any emergency occurring during my summer volunteer experience, I grant permission to the University of Pennsylvania, its physicians, members of the faculty, agents and/or employees to provide such emergency care and treatment that in their judgment may be deemed medically necessary or advisable. I agree to cover the cost of such emergency care/treatment, if any is needed, as well as, any subsequent treatment or care that I might require.

Signed: ____________________________Signed (witness): ______________________________

Date: _____________________________  Date:    _____________________________

Insurance Information  (please submit a photocopy of insurance card, front and back)

Insurance Carrier: ____________________________Carrier Group Num: ___________________

Policy Holder’s Name: ____________________________Policy Holder’s ID #: ___________________

If applicable, Insurance Carrier pre-certification telephone number: _________________________

Address for claim submission: ________________________________
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Medical Emergency Contact Information

Person to contact first:
Name: _________________________
Relationship: ____________________
Day Tel: ________________________
Mobile: ________________________
Eve Tel: ________________________

Person to contact second:
Name: _________________________
Relationship: ____________________
Day Tel: ________________________
Mobile: ________________________
Eve Tel: ________________________

Person to contact third:
Name: _________________________
Relationship: ____________________
Day Tel: ________________________
Mobile: ________________________
Eve Tel: ________________________