

Airways Biology Initiative Summer Research Program

ABI Summer Research Program
University of Pennsylvania
125 South 31st Street Suite 1300
Philadelphia, Pa. 19104-3413

Phone: (215) 573-9874
Fax: (215) 746-1224
<http://www.med.upenn.edu/airways/>

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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ADULT CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM
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: _____