

Office of Outreach, Education, & Research Summer Intern Program

Dear Student and Parent/Guardian,

Congratulations on becoming an OER summer intern. We are pleased and excited to have you work with us. In order for you to start earning money and to be able to work in our state-of-the-art research laboratories, we need all of the forms listed below completed and returned via email **ASAP – By June 14th**.

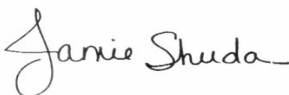
Please use the checklist below:

- 2024 Summer Program Participation Agreement (attached)
- University Trustees Waiver/Release (attached)
- Parent Permission Form for Minor Participation (attached)
- Program Emergency Contact Information (attached)
- Authorization for Medical Treatment of a Minor (attached)
- Image Permission Form (attached)
- Screening Form to Visit Radiology Dept. (attached)

If you have any questions about the forms or the program, please email Tarence.smith@pennmedicine.upenn.edu or call the office at 215.573.9785

Again, congratulations and we look forward to seeing you soon!

Sincerely,



Dr. Jamie Shuda
Director of Outreach, Education, & Research



Tarence Smith
Manager of Outreach, Education, & Research

SUMMER PROGRAM PARTICIPANT AGREEMENT

I, _____, am a participant in the following summer program presented by the University of Pennsylvania:

OER Summer Internship Program

The dates of this program are: June 24 – August 9, 2024

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

1. I will abide by these rules and any program rules. As a parent or guardian, I will ensure that my child follows these rules and program rules.
2. I understand 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. I agree not to depict any use or consumption of drugs or alcohol in any virtual setting.
3. I will not photograph or record the image or sound of any program session or any other participant at any time.
4. I will attend program activities as required. In the event my child is under 13 years of age, I will ensure he or she is supervised during program participation.
5. I will treat each person in the program with courtesy and respect, including respect for privacy. Bullying, hazing, and threatening, abusive, or harassing behavior or language are strictly forbidden, whether on campus, in a virtual program setting, or through other means of communication, such as text messages, chat, etc.
6. I will respect University property and act responsibly on campus and online. I understand that I am responsible for any damage that I may cause to property.
7. I understand that all sexual and/or pornographic activity or communication is strictly forbidden.
8. 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.
9. **COVID-19 Addendum:** I understand that due to the ongoing nature of the COVID-19 pandemic, changes to program rules, elements, scheduling, and/or individual participant eligibility requirements, and/or program cancelations, may need to be made by the University of Pennsylvania and/or its agents from time to time in the light of changing conditions; and my consent given hereby includes my consent to such responsive changes and/or cancelations implemented by the University. I acknowledge and agree that the University retains the right in its reasonable discretion to determine if and when program changes and/or cancelations warrant the issuance of any full or partial refund. I understand the risks to me, my family, and my child associated with the transmission of respiratory disease, including but not limited to COVID-19, and my agreement to release, indemnify, and hold harmless the University encompasses health and/or safety risks relating in whole or in part to such disease.

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 suspended or dismissed from the program immediately.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Parent/Guardian signature not required if participant is 18 or older.

Trustees of the University of Pennsylvania Summer Programs

WAIVER AND RELEASE

In return for permission to participate in the OER Summer Internship Program
Name of Summer Program

Presented during the summer of 2024 by the University of Pennsylvania, and with the understanding that there are certain risks in connection with such activity, and intending to be legally bound, the undersigned, as a participant in the program and/or on behalf of the child participating for whom the undersigned is a parent or legal guardian, hereby agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents (“Penn”) from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney’s fees, including all claims arising out of any incidents involving or allegedly causing personal injury or emotional distress in any way by reason of participation in the program;
2. Assume any and all risks arising from his or her, or his or her minor child’s participation in the program, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.
3. Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned or undersigned’s minor child.
4. **COVID-19 Addendum:** My permission as granted hereby includes an acknowledgement that due to the ongoing nature of the COVID-19 pandemic, changes to program elements, scheduling, and/or individual participant eligibility requirements, and/or program cancelations, may need to be made by the University of Pennsylvania and/or its agents from time to time in the light of changing conditions; and my consent given hereby includes my consent to such responsive changes and/or cancelations implemented by the University. I acknowledge and agree that the University retains the right in its reasonable discretion to determine if and when program changes and/or cancelations warrant the issuance of any full or partial refund. I understand the risks to me, my family, and my child associated with the transmission of respiratory disease, including but not limited to COVID-19, and my agreement to release, indemnify, and hold harmless the University encompasses health and/or safety risks relating in whole or in part to such disease.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

Name of Participant (*please print*)

Signature of Participant

Name of Parent/Legal Guardian (*please print*)

Signature of Parent/Legal Guardian

Date

PARENT PERMISSION FORM FOR MINOR PARTICIPANTS

My son/daughter, _____, is participating in the
Office of Outreach, Education, & Research Summer Internship program at the University of
Pennsylvania from

June 24 – August 9, 2024

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 program. It is agreed that my child's participation is adequate consideration.

Student Signature: _____ Date: _____

Parent (or Guardian) Signature: _____ Date: _____

***A minor is any participant under 18 years of age.**

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: _____

Authorization for Medical Treatment of a Minor

I hereby authorize representatives of the OER Summer Internship program at the University of Pennsylvania to consent to emergency and urgent medical 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:

Dietary Restrictions: _____

Name of Participant: _____

Participant's Date of Birth (MM/DD/YYYY): _____

Participant's Physician name / phone number: _____

Signature of Parent or Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Insurance Information

Is Participant covered by a health insurance plan? Yes _____ No _____ **

Name of Participant's health 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 _____



Photo/Video Permission Form

The Office of Outreach, Education, & Research at the University of the Pennsylvania would like to photograph and/or video record all the events of the internship and your child's participation. These pictures could potentially be used in our brochures, websites (for example, the OER website and Facebook page), or on-campus/external publications. There will be no school or student names written in association with the pictures unless special permission from you is granted. Pictures and video recordings will not be used for research purposes.

Participant NAME _____

Participant and Guardian please read the options below and select one together. Both signatures are required.

I give permission for photographs of myself/my child to be taken during the Saturday workshops. These photographs will remain the property of the OER and may be used in publications and marketing campaigns and will be governed by a Creative Commons Attribution (CC BY) license, which generally permit third parties unaffiliated with OER to access, use, modify and distribute the photographs. For specific information on the CC BY license, please see <https://creativecommons.org/licenses/by/4.0/legalcode>

Participant Sign here: _____ Parent Sign here: _____

I do not wish to be photographed or video recorded.

Participant Sign here: _____ Parent Sign here: _____

During the program the student will need metal clearance due to MRI zone 3 - the student must not have any metal within their body. Please take a moment to fill out the MRI survey and be sure to sign.

MRI Screening Background Information:

Magnetic resonance imaging, or MRI, is a way of obtaining detailed images of organs and tissues throughout the body without the need for x-rays or "ionizing" radiation. Instead, MRI uses a powerful magnetic field, radio waves, rapidly changing magnetic fields, and a computer to create images that show whether there is an injury, disease process, or abnormal condition present.

An MRI exam causes no pain and, importantly, the electromagnetic fields produce no known tissue damage of any kind. The MR system may make loud tapping, knocking, or other noises at times during the procedure. The powerful magnetic field of the MR system can attract objects made from certain metals (i.e., metals known to be ferromagnetic, such as iron) and cause them to move suddenly and with great force. This can pose a possible risk to the patient or anyone in the object's "flight path." Great care is taken to ensure that external objects such as ferromagnetic screwdrivers and oxygen tanks are not brought into the MR system room. Therefore, all MRI facilities have comprehensive screening procedures and protocols they use to identify any potential hazards. When carefully followed, these steps ensure that the MRI technologist and radiologist know about the presence of any metallic objects so they can take precautions as needed. [MRI Safety \(radiologyinfo.org\)](http://radiologyinfo.org)

University of Pennsylvania Medical Center
MAGNETIC RESONANCE (MR) SCREENING FORM
FOR INPATIENTS

Name _____ Patient MR Number VISITOR
Last name First name Middle Initial

1. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? NO
2. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? NO

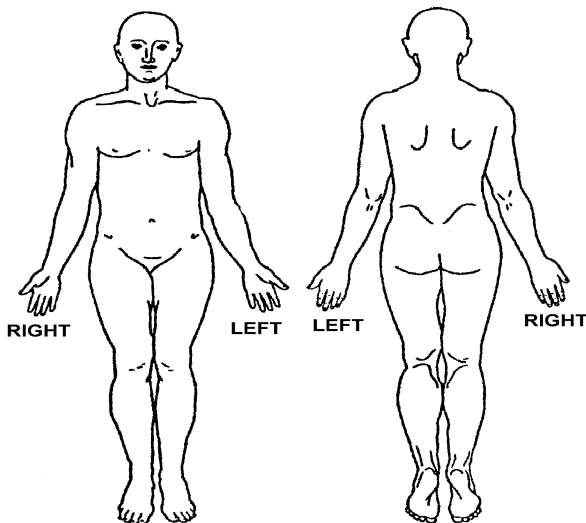


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

Please indicate if you have any of the following:

- | | | |
|-----|----|---|
| Yes | No | Aneurysm clip(s) |
| Yes | No | Cardiac pacemaker |
| Yes | No | Implanted cardioverter defibrillator (ICD) |
| Yes | No | Electronic implant or device |
| Yes | No | Magnetically-activated implant or device |
| Yes | No | Neurostimulation system |
| Yes | No | Spinal cord stimulator |
| Yes | No | Internal electrodes or wires |
| Yes | No | Bone growth/bone fusion stimulator |
| Yes | No | Cochlear, otologic or other ear implant |
| Yes | No | Insulin or other infusion pump |
| Yes | No | Implanted drug infusion device |
| Yes | No | Any type of prosthesis (eye, penile, etc.) |
| Yes | No | Heart valve prosthesis |
| Yes | No | Eyelid spring or wire |
| Yes | No | Artificial or prosthetic limb |
| Yes | No | Metallic stent, filter, or coil |
| Yes | No | Shunt (spinal or intraventricular) |
| Yes | No | Vascular access port and/or catheter |
| Yes | No | Radiation seeds or implants |
| Yes | No | Swan-Ganz or thermo dilution catheter |
| Yes | No | Medication patch (Nicotine, Nitroglycerine) |
| Yes | No | Any metallic fragment or foreign body |
| Yes | No | Wire mesh implant |
| Yes | No | Tissue expander (e.g., breast) |
| Yes | No | Surgical staples, clips, or metallic sutures |
| Yes | No | Joint replacement (hip, knee, etc.) |
| Yes | No | Bone/joint pin, screw, nail, wire, plate, etc. |
| Yes | No | IUD, diaphragm, or pessary |
| Yes | No | Dentures or partial plates |
| Yes | No | Tattoo or permanent makeup |
| Yes | No | Body piercing jewelry |
| Yes | No | Hearing aid (<i>Remove before entering scan room</i>) |
| Yes | No | Other implant _____ |
| Yes | No | Breathing problem or motion disorder |
| Yes | No | Claustrophobia |

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



Before entering the MR system room, you must remove all metallic objects.

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room. 662-5596 or 662-5597

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____

Electronic Signature/Department

Time:

Date:

Form Information Reviewed By MRI Staff _____