

SUMMER RESEARCH PROGRAM
FOR
HIGH SCHOOL STUDENTS
PARENTAL CONSENT FORM

NOTE TO APPLICANT: Ask your parents or guardians to sign and date this form and then return the form with the "Student Application Form".

As the Parent/Guardian of _____, I certify that the child has my permission to participate in the Summer Research Program for High School Students administered by the Graduate School of Biomedical Sciences at The University of Texas Medical Branch at Galveston. I understand the child will be subject to the regulations of UTMB. The UTMB High School Summer Research Program has my permission to use photographs of my child taken during the program, in official university program reports and/or program advertisement. I understand that should a health emergency arise I will be notified.

Signature of Parent/Guardian	Date
Evening Telephone No	Cell No/Email Address
Signature of Parent/Guardian	Date
Evening Telephone No	Cell No/Email Address