



**SATURDAY BIOMEDICAL SCIENCE ACADEMY  
FOR**

**4<sup>TH</sup>-6<sup>TH</sup> GRADE STUDENTS**

**PARENTAL CONSENT FORM & LETTER OF  
COMMITMENT**

**NOTE TO APPLICANT: Your parent(s) or guardian(s) should sign and date this form. Return this form with the "Student Application Form" (pages 1-3).**

As the Parent/Guardian of \_\_\_\_\_, I certify that he/she has my permission to participate in the UTMB Saturday Biomedical Science Academy. I understand that he/she will be subject to the rules and regulations of UTMB staff. I understand that should a health emergency arise I will be notified.

Educational Outreach programs have my permission to use photographs of my child taken during the program, in official university program reports and/or program advertisement.

I have read the attached guideline sheet and understand that if my child does not comply, he/she may be released from the program.

Also, I commit to bring my child to participate in at least 4 of the 5 sessions for the UTMB Saturday Biomedical Science Academy (*March 28, April 4, April 25, May 2 and May 16*). For questions or inquiries, call (409) 772-6970. **Student application form packet DEADLINE: Feb. 16. Space is very limited.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Consent Form should be faxed or mailed to:

Ms. Alicia C. Simmons, Program Coordinator  
The University of Texas Medical Branch  
Office of Educational Outreach  
301 University Blvd.  
Galveston, TX 77555-0919

**Fax: (409) 772-6969**