James Perry Kelly Memorial Summer Science Writing Internship

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 Biomedical Health Careers Academy administered by the Office of Educational Outreach/Science Education at The University of Texas Medical Branch at Galveston. I understand the child will be subject to the regulations of UTMB. The UTMB James Perry Kelly Memorial Summer Science Writing Internship has my permission to use photographs of my child taken during the program, in official university program reports and/or program advertisements. I understand that should a health emergency arise I will be notified.

_________________________________________  ______________________________
Signature of Parent/Guardian                        Date

_________________________________________  ______________________________
Evening Telephone Number                        Cell Number/Email Address