SUMMER STEM CAMP
FOR 8th AND 9th GRADE STUDENTS

PARENTAL CONSENT FORM

NOTE TO APPLICANT: Your parent(s) or guardian(s) should sign and date this form. This form must be completed and sent via email to: stemcamp@utmb.edu

As the Parent/Guardian of __________________________, I certify that he/she has my permission to participate in the Summer STEM Camp I for 8th and 9th grade students. 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.

The UTMB Science Education Programs in the Office of Educational Outreach has my permission to use images of my child taken during the program including photographs, digital images, video recordings, etc., in official university program reports and/or program advertisements.

Please answer the following questions:
1.) Does your child have any special needs or (physical) limitations? Yes______ No______
   If yes, please specify any accommodations needed __________________________________________

2.) Does your child have any known allergies (including food; i.e. peanuts)? Yes_____ No_____ 
   If yes, please list ________________________________________________________________

I have read the attached guideline sheet and understand that if my child does not comply, he/she may be released from the program. Questions or Inquiries call (409) 772-9119.

__________________________________________________________________________
Signature of Parent/Guardian Date

__________________________________________________________________________
Signature of Parent/Guardian Date

Return via email to: stemcamp@utmb.edu by the application deadline of April 19, 2019
Questions?: ask Dr. Marguerite Sognier- masognie@utmb.edu