



PLEASE COMPLETE, SIGN, AND RETURN THIS FORM.

Via MAIL
 Attn: GEMS Coordinator
 504 Scott Street, MCMR-SP
 Fort Detrick, MD 21702
Via EMAIL: usammceducationaloutreach@amedd.army.mil

Via FAX
 301-619-7054

An Educational Experience of Science, Mathematics, Engineering, and Technology

STUDENT INTERN CONSENT AND RELEASE FORM

Student Information	
Name [First, Last, Middle]	Age Group <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-14 <input type="checkbox"/> 15-18
Address	
City, State, Zip	
Parent/ Guardian Information	
Name [First, Last]	Date of Birth / /
Relationship to student	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone	Grade
Cell Phone (if applicable)	School
Email (if applicable)	Childrens Ethnicity and Racial Identities (optional check one) Prefer not to answer <input type="checkbox"/>
Emergency and Medical Information	
1 st Emergency Contact	Choose one ethnicity: Hispanic/Latino <input type="checkbox"/> <input type="checkbox"/> Not Hispanic/Latino
Relationship to student	Choose one or more (regardless of ethnicity): Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> _____
Phone	Learning Differences
2 nd Emergency Contact	Not Applicable <input type="checkbox"/>
Relationship to student	ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Bipolar <input type="checkbox"/>
Phone	Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/>
Other: (please specify) _____	
Specific Health Information <input type="checkbox"/> Not Applicable	
Medications: (please list)	
Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Seizures <input type="checkbox"/>	
Other: (please specify)	Allergies: (please specify)

Pick-up Authorization: The following person(s) are authorized to pick up my child from the program. I understand that I may be asked for ID at pick-up for safety reasons. You do not need to include the parent/guardian in the list below.

Driver #1 _____ Drivers Phone # _____
 Driver #2 _____ Drivers Phone # _____

Student safety and security are primary goals for the GEMS program. With those goals in mind, if an alternative form of transportation is needed (other than the two mentioned above) 48 hours of advanced notice is needed and must be approved by the GEMS coordinator. In addition, the GEMS program assumes no obligation or liability after the 3:00pm pick-up time. Children should be picked up promptly. Parents and those picking up student interns from GEMS are asked to be very sensitive to the extra burden placed on the staff when children need to be supervised after the pick-up time. Any student intern that gets picked up fifteen (15) minutes after the scheduled release time without prior arrangements may be banned from participating in the GEMS program for the remainder of the summer.

Parental Authorization for Treatment of a Minor Child: I, _____, am the parent or legal guardian having custody of _____, a minor child. As parent or legal guardian, I hereby authorize and appoint The GEMS program coordinator or resource teacher in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization, and health care while my child is in custody of the GEMS program; and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child and that Frederick County Public Schools, Washington County Public School, Hood College, Hagerstown Community College, and Fort Detrick cannot be held responsible for events or conditions beyond their control.

By signing below, I acknowledge that I have read, understand and agree with the foregoing as of the date shown.

Parent/Guardian: _____ Date: _____

PARENT/GUARDIAN CONSENT AND RELEASE FORM

PLEASE READ CAREFULLY AND ACKNOWLEDGE THAT YOU UNDERSTAND BY SIGNING BELOW.

- I) GEMS (Gains in the Education of Mathematics and Science) is a non-profit organization that provides educational instruction in the science, math, engineering, and technology fields. My child has my permission to participate in the STEM (Science, Technology, Engineering, and Mathematics) programs hosted by Hood College and Hagerstown Community College. I understand fully that all phases of The GEMS programs can be hazardous. Prior to being given permission to participate in these programs, my child will receive lab safety information and instruction in the appropriate rules and practices which apply to the lab materials and equipment used as part of these programs. I am aware that all Frederick County Public Schools Board of Education student conduct policies are in effect for this activity¹. I understand the dress and safety requirement of closed toed shoes.

My child, _____ agrees to observe all safety rules established by The GEMS staff. They understand that violations of these rules can result in expulsion from The GEMS programs. I have explained the terms of the above to my child, and they have assured me that these matters are understood and they have agreed to them.

- II) I agree that these programs may be audio or video taped, or photographed, for the purpose of documentation and promotion. Participant hereby gives consent to being photographed. These tapes and/or photographs are the property of MRMC, exclusively. MRMC may make any use of such tapes and/or photographs without compensation to the participant.
- III) My child is in good physical and mental condition; fully capable of participating in The GEMS programs they are enrolled in. They have no conditions which might impair their abilities, except as may be noted on the separate Parental Authorization for Treatment and Information Form and approved in advance by one of GEMS Senior Staff. Also, they are taking no medications that might affect their abilities to participate in these programs.
- IV) I hereby assume any and all of the risks attendant with my child's participation in GEMS programs. Further, I hereby agree to hold harmless and release Frederick County Public Schools, Washington County Public Schools, Hood College, Hagerstown Community College, Fort Detrick, GEMS and all afore mentioned faculty and staff from any and all claims for injury, loss or damage whatsoever that my child might sustain while participating in any activities at GEMS; and I hereby agree to indemnify them and hold them harmless of and from any such claims, including claims of others, which are based in any part on my child's conduct.

I have read this document completely and understand it fully.

I also acknowledge that I have completed and signed the Parental Authorization for Treatment and Information Form.

By signing below, I agree to be bound by this agreement.

Print Name (Parent/Guardian): _____ (relationship) _____

Parent/Guardian (signature): _____ Date: _____

¹- Frederick County Public Schools Handbook is available at :

<http://www.fcps.org/cms/lib02/MD01000577/Centricity/Domain/75/FCPSchbTEXT1012v.pdf>