



Midwood High School Science Research

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Science Research Program Parent Release

I, the parent/guardian of _____, hereby give my permission for my son/daughter to take part in the Research Mentor Program of Midwood High School. I understand that my child will travel unaccompanied to and from the designated research site after the regular school day.

I agree not to hold the school or the research site or any of their employees responsible for injuries, illness, or other problems incurred while traveling to and from the site or while engaged in research activities at the site. I understand that the cooperating scientist(s) will use appropriate safety measures to safeguard my child from laboratory-related injuries or illnesses.

Please use the back of this sheet to list any restrictions you may have about your child's lab. (For example, if they are not permitted to travel to Manhattan or not allowed to ride the trains.)

In an emergency I can be reached at:

Home Phone: _____

Work Phone: _____

Signature: _____

Date: _____

Print Name: _____

Other Contact Person:

Name: _____

Phone: _____

Relation to Student: _____