

RESEARCH NON-TRADITIONAL PERSONNEL High School Student – Parent Agreement Form

Parent/Guardian of High School Student to Complete This Section

Student's Name (First Last): _____

Student's Birth Date: _____ High

School: _____ Parent/

Guardian Assent

As a result of a discussion with the CHOP Host Investigator with whom my child will participate in an unpaid educational experience, I am aware of the types of exposures my child will have as a minor between the ages of 16 and 18 interning within the Children's Hospital of Philadelphia Research Institute.

*This engagement may include contact with human research subjects and/or radioactive substances, **if applicable**.*

Further, I understand my child will pursue this activity as an unpaid educational experience.

I approve of these activities proposed for my child during this educational and/or work experience in research at Children's Hospital of Philadelphia.”

Parent Name

Please Print: _____

Parent Signature: _____

Date: _____



**Children's Hospital
of Philadelphia**

RESEARCH INSTITUTE