



Roswell Park Summer Research Experience Program in Cancer Science

Parental Consent Form

Instructions to applicant: If you are under the age of 18 years old you must have your parent or guardian read, complete and sign the following consent form.

PARENTAL CONSENT: It is my understanding that if enrolled, my son/daughter: (please print full name)_____ will be subject to the regulations of Roswell Park Comprehensive Cancer Center. I understand that should a health emergency arise, I will be notified. But if I cannot be reached, such medical treatment for my son/daughter as deemed necessary by competent medical personnel is authorized.

APPLICATION MATERIALS: As parent or legal guardian of the applicant, I authorize the release of all requested records and recommendations to Roswell Park Comprehensive Cancer Center for the purpose of evaluating the applicant's submission to the summer educational program. I also authorize employees of Roswell Park Comprehensive Cancer Center to contact, in confidence, applicant's current and former schools regarding the information submitted with regard to applicant.

As parent or legal guardian of the applicant, I waive the right to review recommendations and supporting documents submitted as part of the application to the summer educational program. I understand that these recommendations will not be accessible through Roswell Park Comprehensive Cancer Center or through applicant's current school.

Health Insurance Company

Policy Number

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Address and mail to:

Summer Internship Program
c/o Adam Kisailus
Department of Educational Affairs
Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, New York 14263

Or Scan and Email to:

education@roswellpark.org

Type in the subject line: Parental Consent form: Student's Last Name, Student's First Initial