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## Medical Information

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Please include allergies or medical problems which might require special attention during the JSEHS. Examples are allergies to foods or drugs, diabetes, chronic illness, asthma, recent surgery, fainting problems, physical handicaps, *etc.*

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**Insurance:** Teachers will be provided with accident insurance by the sponsors of the JSEHS: maximum limit \$2,000 per person per accident and \$10,000 per person for loss of limb, life, *etc.* A copy of the policy will be available to the contact teacher upon request.

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## Student Behavior Code

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I, \_\_\_\_\_, agree to abide by the following rules during the 47th Annual JSEHS. I understand that violation of any of these rules may result in my being sent home immediately at my parent's or guardian's expense.

1. I will not consume or possess alcoholic beverages, tobacco products, or controlled substances.
2. I will not visit in the room of any member of the opposite gender when a chaperone is not present.
3. I will observe curfew times; I will not leave my room or allow any student participant not assigned to my room to enter during curfew.
4. I will not drive any vehicle during the JSEHS.
5. I will not leave the hotel/activities area without permission from the chaperone.
6. I will participate in all scheduled activities of the JSEHS.
7. I will follow all procedures and regulations set by the JSEHS program, the hotel, the University of Florida, and the chaperones.

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Student's Signature

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Parent's or Guardian's Signature

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## Medical Consent and Release of Liability

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This section must be signed before a Notary Public.

- I, I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, do hereby request that the University of Florida, through its agents or employees, or through the Center for Precollegiate Education and Training (CPET), take whatever steps necessary to secure medical treatment for my child named above, in the event such child appears to be in need of such treatment while attending the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium sponsored by the CPET. I consent to the rendering of all necessary treatment, including admission to a hospital, or other appropriate health care facility, in such institutions and at such places as the University, acting through its agents, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of my child.
- II. In consideration of the benefits to be derived from participating in the 47th Annual Junior Science, Engineering, and Humanities Symposium, **I release, waive, discharge, and covenant not to sue** the University of Florida, the United States Army Research office, the Academy of Applied Science, the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium, the Center for Precollegiate Education and Training, The Board of Regents of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, their officers, directors, servants, agents or employees from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury including death, that may be sustained or incurred by my child, or to any property belonging to my child during and/or as a result of my child's participation in the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium, including all travel to and from Gainesville, Florida, immediately prior to, during, and immediately following the program. Further, on behalf of my child, I assume all risks and hazards incidental to the conduct of the program activities. I further hereby release, absolve, indemnify and hold harmless the organizers, or any and all supervisors employed by them.

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State of Florida County

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Signature of Guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Affix stamp/seal and print or type name of Notary Public and expiration date of commission

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Signature of Notary Public

[ ] Personally known to me OR [ ] Produced identification Type of identification produced

**Mail to: 47th Annual JSEHS, Center for Precollegiate Education and Training,  
PO Box 112010, Yon Hall Room 334, Gainesville, FL 32611-2010**