

**National Junior Science & Humanities Symposium
CONSENT FORM**

Mail signed original to:
National JSHS Office, 24 Warren St, Concord, NH 03301;
or FAX to 603/228-4730

Student Name (First, Last) _____ **email:** _____

Home Phone (including area code) _____ **Circle one: Home Office Cell Other** _____

Mailing address - Street _____

Mailing address - City, State, Zip _____

Regional Attended: _____ **Age:** _____ **Sex: M / F**

Emergency Contact -- Who do we contact in the event of an emergency on travel dates and during the symposium?

1. **Emergency Contact Name:** _____ **Relationship to student:** _____

Email of emergency contact _____

Daytime phone (including area code) _____ **Circle one: Home Office Cell Other** _____

Evening phone (including area code) _____ **Circle one: Home Office Cell Other** _____

2. **Alternate Emergency Contact Name:** _____ **Relationship:** _____

Email of alternate emergency contact _____

Daytime phone (including area code) _____ **Circle one: Home Office Cell Other** _____

Evening phone (including area code) _____ **Circle one: Home Office Cell Other** _____

Affirmation of rules of conduct – Student delegate

Yes – I have read and agree to the below rules of conduct required for my registration and attendance at the National Junior Science & Humanities Symposium.

1. I understand that the military has sponsored my participation in the National JSHS due to my interests and achievements in the sciences, engineering, and mathematics. Accordingly, I pledge to fully participate in all symposium activities.
2. I understand that I am representing my state and/or regional symposium as a delegate to the National symposium. I pledge to conduct myself in a manner that will contribute to a sense of community among participants and foster an atmosphere of mutual respect for peer group members, contributing researchers from host organizations, my chaperone, and hotel and other staff.
3. I will not depart the symposium site without consent from my chaperone and a designated representative of the Academy of Applied Science.
4. I understand that the use of alcoholic beverages, or other substances that are generally regarded to be detrimental or illegal, will not be tolerated at the National JSHS. Use or possession will result in immediate dismissal from the symposium and return home at my parents' expense.

5. I understand that in-house curfew is 11 p.m. Further, I understand that visitation between delegates rooms after curfew is strictly prohibited unless approved by my chaperone for a specific purpose.
6. I understand that an infraction/breach of the above policies may result in immediate dismissal from the symposium, return home at my own personal expense or my parents' expense, and forfeiture of my scholarship awards. The decision for disciplinary action is at the sole discretion of the Academy of Applied Science.

Consent of parent/guardian for participation in JSHS by minor son/daughter

Yes – I have read the above rules of conduct for the National Junior Science & Humanities Symposium (JSHS), and approve of my minor son's/daughter's participation. Furthermore, I understand and agree that:

1. Attendance at the symposium may include travel by plane, bus, tax and other commercial transportation. I agree to release the military, the designated chaperone and the Academy of Applied Science (AAS) of liability should an unforeseen event occur, or should my child depart the symposium in an unauthorized manner.
2. I understand that should it become necessary to dismiss my child from the symposium, I will be liable for transportation costs to send my child home and release the military and the Academy of Applied Science from any unforeseen behavior by my child. I understand that the organizers of the event will make every effort to contact me should dismissal occur.

**Authorization for medical care while attending the symposium
(to be completed by parent/guardian of minor child)**

Yes -- I hereby authorize licensed clinical staff used by the organizers of the National Junior Science & Humanities Symposium to provide care that includes routine diagnostic procedures (X-rays, blood and urine test) and routine medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the symposium. Should my minor son/daughter require emergency surgical procedures, I understand that I must provide emergency contact information to the Academy of Applied Science in order for the Academy to contact me during my child's attendance at the symposium.

Please list any medical problems or food allergies in the event that your son/daughter should require emergency medical care:

Medical insurance information for payment of emergency medical care

Medical insurance provider _____ Policy # _____

Policy holder _____

By Signing this form, I agree to the above requirements.

Signature of National JSHS Student Delegate:

Signature of Parent, Legal Guardian, or student if 18 or over:

Date: _____

Date: _____