

PARENTAL CONSENT FORM

This is to certify that _____ has **parental consent** to participate in the 2025 Short-Term Research Experience to Unlock Potential (STEP-UP) Program for high school students. I understand that in the event of his/her illness during work hours, I will be notified immediately or the emergency contact person named will be notified if I cannot be reached. I also understand that I will be responsible for all medical liability incurred by my child in the event of injury or illness.

In addition, I agree that upon completion of the program, he/she will participate in the annual High School STEP-UP Summer Research Symposium held in Bethesda, MD at the National Institutes of Health, and that round trip travel expenses to the NIH will be covered by the Program. The travel expenses are only covered for the student and do not include parent/guardian travel should you choose to attend. The meeting will be from August 3rd (arrival date) through August 7th (departure date). I understand that my son/daughter must attend the entire meeting. I also understand that more information about this meeting will be sent to me later in the summer.

Youth will not be permitted to work if this form is not notarized.

Signature of Student Participant _____
Date

Signature of Parent/Guardian _____
Date

Permanent Street Address

City _____
State _____
Zip Code

State of County of

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

/ /
Date of notarization (MM/DD/YEAR)

/ /
Date Commission Expires (MM/DD/YEAR)

Signature of Notary Public (Seal)