

12TH GRADE INFORMATION PACKET
SUMMER DETAILS LETTER – BETHESDA, MD

To: BSd/V fl 9gSd/[S` ,
From: 6d ? aeV` I [^S_ et *Executive Director & Founder*
Re: Summer Details for PSTP Summer Placement at NIH – (Bethesda, MD)

I Wsd/Vb`VseW fa ZShWkagdUZ[V bSd[U[bSfW[agdE d: [YZ EUZaa`eg_ _ Wd fcd[[Y bdaYcd_ Sf
 @: 4WZV`VSI ? 6 XadfZW`a`ai [Y VSfV`

June 18, 2015 – August 13, 2015

ALL STUDENTS STARTING IN THEIR LABS ON JUNE 15TH MUST ARRIVE JUNE 13TH

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 3e kag i WdV[Xad_ Wf agd@: bdaYcd_ [e S WYzf i VW bdaYcd_ ž 3`efgVW fe SdWd`gldW fa SffW V fZW
 W f[dWYzf i WY ež FZVdM [^TW a VYUWbf` ež Kag _ gef eWV ge S Uabk aXkagd **health insurance card**
 i [fZ fZWbSU] Wž >W ge]` ai 3E3B [Xkag Va `af ZShWZV`fZ [egd` UWea fZSf i WUS` bda h[VWkag i [fZ
 [egd` UW` Kag _ gef SdS` YWkagdfcd` ebadSfja` S` V kag i [^dWVhWVWS[e STagf kagd`h[Y SUUa_ _ aVSž
 fja` e` a` SfmfZS` a` Wi WY TWadWkagdVWbSfgdWVsfV@ad_ S`@: bSke V`SUZ efgVW f XadfZWd[fWd eZ[b
 [fZVd`STež: ai WdVd VgWfa TgVYVW Ugfel ea_ WSTe i [^TWST Wfa bSk fcd[Wd i Z[WafZVd`STe US` a` k
 SUUVbf ha`g` fWVdž 3e S ha`g` fWVd dV_ W_ TWdi ZSf [e [badS` f [e` af _ a` W Tgf fZSf kag i [^TWST Wfa SVV
 fZW@: `ST VybWd[VUWfa kagdd`eg_ Wž Kag i [^TW af[VW [fZW VsdXfgdM Z[UZ USfV`ack kag SdW[ž

FZW`a`ai [Y [fV_ e _ gef TWTd`gYZf fa 4WZV`VSI ? 6 i [fZ kagdUZ[V,

- #ž ebWU[S^VWV fe g` [Xad_
- \$ž fZW ad] g` [Xad_
- %ž efgVW fe _ Sk Td` Y bWba` S^Ua_ bgfV`/BEFB i [^ af TWdWba` e[T W`adS` k` aef adefa W [fV_ efi
- &ž efgVW fe eZagV Td` Y, TW ↑ W et fai Wd i SeZU`afZe[fa [WdVd` Sg` Vd VWWdWV f Sg` Vd _ a` Wd
 TSfZ [Y eg[f bWba` S^ebWV [Y _ a` Vd Xadi WY W V agf[Ye V`V [USd/ S` V! adfShWd UZVW] efi WUž
- ' ž EgT_ [f h[S_ W S[^S **Passport Photo** /befb_ SdJ2 Y_ S[žJa_ fi

12TH GRADE INFORMATION PACKET
SUMMER DETAILS LETTER – BETHESDA, MD (CONTINUED)

FZWa ai [Y Xad_e eZagV TWJa_ bWWW [fZWdW fdWk S` V eWf fa fZWSVvdWe TWai
 TWadW**March 1.**

Dr. Moses Williams
Distance Learning Center
1324 W. Clearfield St
Philadelphia, PA 19132

High School Trainees – 11th & 12th Trainees:

- ‡ BSdV f!9gSd/S` >WfVd/DVSV A` kfi
- ‡ FdS[VW;` Xad_Sf[a` GbVSfW8ad_
- ‡ EW [ad: [YZ 5aef/DVSV A` kfi
- ‡ BdhaXaX;` egdS` UW8ad_
- ‡ DgW aX4VZSh[ad8ad_
- ‡ I Z+ 8ad_
- ‡ ;Z+ 8ad_
- ‡ 3TeW UWBaUk 8ad_
- ‡ 5a` eWf S` V DWSeWaX;` V[h[VgS^8ad_
- ‡ 5a` eWf Xad? [ade: V\$ fZ EUdWV [Y
- ‡ EZ[df!>ST 5aSf E [W8ad_
- ‡ EbWV[S^7hW fe G` [Xad_e GbVSfW8ad_
- ‡ EfgVWf: V\$ fZ 8ad_
- ‡ ? SckS` V I ad] BWd_ [f 3bbUUSf[a` /aTfS[Xa_ @;: fi

PLEASE MAKE COPIES OF ALL FORMS FOR YOUR RECORDS

12TH GRADE INFORMATION PACKET
TRAINEE INFORMATION UPDATE FORM

DSUJS^7fz` UJfk,

EaUIS^EWgdffk` ,

5 [f] WeZ`b,

VzA z4z,

5ZWU] 4aj, ? SW 8W SW

6SW

` S_ WaXE fgVW f,

5ZWU] [XNW 3VVdAe ? S[Y 3VVdAe,"

EfdW

3bfz

5 [fk] EFSW L`b 5aVW

7_ S[^3VVdAe (required),

Parent/Guardian Information

? afZVd

Last

First

? [VVW

8SfZVd

Last

First

? [VVW

: a_ WBZa` W/ fi

: a_ WBZa` W/ fi

I ad BZa` W / fi

I ad BZa` W / fi

5W^BZa` W / fi

5W^BZa` W / fi

7_ S[^3VVdAe:

7_ S[^3VVdAe,

School Information

` S_ WaXEUZaa^

5gdWf 9dSVW

EUZaa^3VVdAe,

EfdW

5 [fk] EFSW L`b 5aVW

EUZaa^BZa` W/ fi

EfgVW f 5W^BZa` W/ fi

Emergency Contact Information

DWSf[a` eZ]b fa EfgVW f,

` S_ WaX5a` fSUF,

: a_ W3VVdAe,

: a_ WBZa` W/ fi

I ad BZa` W/ fi

12TH GRADE INFORMATION PACKET
PROOF OF INSURANCE FORM

` S_ WaX5Z[V, _____

B`WSeW_ S] WS Uabk aXkagdUZ[Vie [egdS` UWUSd/i Xb` f S` V TSU]f [fZWeWUf[a` TWai ada` S eWbScdfW
b[WUWaXbSbWdS` V SffSUZ fa fZ[e Xad_ ž

;XkagdUZ[V VaVé` af ZShW[egdS` UW` af]k Dđ? aeVé I [MS_ e Sf_ aeVéžWVđ [MS_ e2Y_ S[žUa_ ž
3^efgVW fe eZagV ZShWZVđfZ [egdS` UWTVdWfZVk Sd[hVž



12TH GRADE INFORMATION PACKET

RULES OF BEHAVIOR

;! I W _____ f ZWbSdV fefiad WVS^YgSd/[S` /efi
 of _____ f S` [adZVdV SXVdVWdVW fa Se zfZWBEBF FdS[WVSfi
 [fWV[Y fa TWVVS`k Tag` Vt ZVNTk Ua` eWf S` V YdS` f bVd_ [ee[a` XadfZWBEBF FdS[WVfa bSd[U]bSfW[fZW
 SUSVW_ [U S` V dVdVsfja` S^Suf[hf[Vē aXfZWBZke[U]S` EU[W f[ef FdS[[Y BdaYdS_ f S` V fa [hW[fZWVad_ [fack
 fZSf [e bda[VW Tk FZWD[efS` UW>VSD [Y 5W fVž

;! I Wi [^ af ZaV FZWD[efS` UW>VSD [Y 5W fVd afZVdVbSd` Vd[Y [efgfja` e adS` k afZVdVbVba` adUadbaSž
 fja` Vg`k SgfZad[W fa bda[VWVeh[U]Vē XadfZWBEBF [ST WxadfZWUd_ [S†` W^YVf dVU] Vē ad[fW fja` S^
 SUfe ada_ [ee[a` e aXfZWBEBF FdS[WVž

;! I WSYdVWfZSf fZWBEBF FdS[WVi [^ST[VWTK fZW`a`ai [Y dVē S` V bdaUWgdVē aXfZWBZke[U]S` EU[W ž
 f[ef FdS[[Y BdaYdS_ /BEBFfiS` V SdVg` VVefaaV S` V SYdVW fa Tk fZWg` VVē[Y` Wž fZWBSdV fefiad>WVS^
 9gSd/[S` /efiS` V fZWBEBF FdS[WV_ gef [[fS^VŠUZ` g_ TVdV dVW

_____ 1. FZWfcd[WV_ gef Xa`ai S^aXfZW[dVUfja` e Y[hW Tk fZWBdaYdS_ 6[dVUfad efSXX Vad_ [fack
 _ a` [fack S` V _ W fack dVUdV[Y BdaYdS_ dVē S` V eSXWk bdaUWgdVēž 8S[gdVfa Xa`ai fZW[dVUfja` e Y[hW
 Tk fZWSTahW S_ W [V[h[VgSē i [^dVēgf [[_ W[SfWV[e_ [eeS^Xa_ fZWBEBFž

_____ 2. FZWfcd[WVi [^ af geWS`UaZa^ad[VVVS^VdVYe adWYSYW[Ud_ [S^Suf[hf[kž 7` YSY[Y [fZW
 SXadV_ W fja` W i [^dVēgf [[_ W[SfWV[e_ [eeS^Xa_ fZWBEBFž

_____ 3. FZWfcd[WVi [^dVēbVUf fZWdYZfe S` V bdaSuk aXafZVē S` V i [^ af WYSYW[V[edgbf[hWad
 [SbbcbdqSfWTVZShjadfZSf [fVdVē i [fZ fZWSuf[hf[Vē aXfZWBEBFž BdaX` [fk [SbbcbdqSfWS` YgSYWS` V
 hWf S^STgeW XZf[Y S` V [Sbb abdqSfWēVygS^Ua` fSuf i [^dVēgf [[_ W[SfWV[e_ [eeS^Xa_ fZWBEBFž

_____ 4. FZWfcd[WVi [^dVēbVUf fZWbdaSfWbcbVfkaXafZVēž E fVŠ† Y adhS` VS† [Y i [^dVēgf [[ž
 _ W[SfWV[e_ [eeS^Xa_ fZWBEBFž

_____ 5. FZW_ S`Wfcd[WV[e` af S`ai W fa h[e]f fZWVad_ [fack daa_ aXV_ S`Wfcd[WVē S` V fZWV_ S`W
 fcd[WV[e` af S`ai W fa h[e]f fZWVad_ [fack daa_ aX_ S`Wfcd[WVēž;XfZWFcd[WVē aXabbaf[fVēVj ZShWfa
 _ WVf fZVK eZagV Va ea [a` WaXfZWVad_ `ag` YVē adfZWVad_ `aTTkž 7` fVd[Y fZWVad_ daa_ aXS fcd[WV
 aXfZWabbaf[fVēVj i [^dVēgf [fZW[_ W[SfWV[e_ [eeS^Xa_ fZWBEBFž

_____ 6. FZWfcd[WVi [^ af VShWZ[e]ZVdVad_ [fack S`a` Vž: WeZWi [^fShWagfe[VWfZWVad_ i [fZ Sf
 VŠef a` WafZVdVfcd[WV V ad_ _ a` [fadadbdaYdS_ efSXX_ V_ TVž

_____ 7. FZWfcd[WVi [^ WVb fZWaadfa Z[e]ZVdVad_ [fack daa_ `aU] W Sf S^f_ Vēž FZWfcd[WVi [^
 ` af SV_ [f S` ka` W[fa Z[e]ZVdVdaa_ i Za [e` af S daa_ _ SfW Vad_ _ a` [fadadefSXX_ W_ TVž FZWfcd[WV[e` af
 S`ai W fa ZShWahVd [YZf YgVēfe [fZWdaa_ ž

_____ 8. FZWfcd[WV[e SVh[eW fa _ S[fS[a` W`aU] W b[VUWaXgYYSYW[i Z[UZ fa eWUgdVWj bW ž
 e[hWS` V!adhSgST` MbVba` S^fW_ ež BgdeVē S` V i S`Vē eZagV` af TWV[fZWbgt[U SdVē aXfZWVad_ ad
 USeedaa_ ež FZWBEBF [e` af dVēba` e[TVxadfZWfcd[WVē bVba` S^bcbVdVfž

_____ 9. 6ad_ daa_ e[ZS^ Ske S` V `Sg` Vd[fdeZ SdVē _ gef TW] Vb f UWS` Sf S^f_ Vēž

_____ 10. FZWeW [adZ[YZ fcd[WV_ gef TW[Z[e]ZVdVad_ Tg[V[Y Tk +, " b_ S` V [fZWVad_ daa_
 Tk #, % b_ ž FZWfcd[WV_ gef aTVk fZW a[eWUgdVW Xa_ #, " b_ fa), " S_ ž Eg` VSK fZdgYZ
 FZgdVSkž Na `agV _ ge[Uf fS][Y ad` a[eW[e S`ai W [fZWVad_ daa_ ž

12TH GRADE INFORMATION PACKET

RULES OF BEHAVIOR

_____ **11.** FZWfcdS[VVV[e `af S^ai W fa VShWFZWad_ XadS` ahVd [YZfh[e]f i [fZ S` k bWda` žFZW
 fdS[VVV[e a` k bVd_ [ffW fa VShWFZWad_ adUS_ bge i [fZ S bSdWf ad VWS^YgSd/[S` [XfZWbSdW f!YgSd/[S`
 d/Vgd e fZWfcdS[VWTWad/VfZW#" ,%" b_ UgdXW ž

_____ **12.** FZWfcdS[VVV_ gef i VsdS UVS` bVdeW g` [Xad_ ? a` VSk fa 8dVSkž: [e!ZWdg` [Xad_ _ gef TW
 i ad Uad/Vf k SUUad/[Y fa fZWefSXi i [fZ eZ[cf fgU] VW [† TWf eZai [Yl S` V bS` fe` af eSYY[Yž

_____ **13.** FZWfcdS[VVV[e Vj bVfVW fa SffW V S^USeeVē Xa_ ? a` VSk fa 8dVSk TWi VVV fZWZagde aX
 * ,%" S_ fa & ,%" b_ ž FZWfcdS[VVV_ gef SUZ[VHWS 4 YdSVW[S^UagdeVē [ad/Vd fa TW[hfVW TSU] fZW Vjf
 eg_ _ Vž

_____ **14.** FZWfcdS[VVM [^ af WYSYW[ZadeVb`Sk [S` k aXfZWTg[V[Ye a` US_ bge S` V
 g` VVefS` Ve fZSf SffWVS` UWSf Efgvk : S^ Fd`be S` V afZWdBEFB eba` eadW SUR[hf[Vē [e _ S` VSfadž

Parent/Legal Guardian

PSTP Trainee

Ei ad S` V egTeUd[TW TWadV_ WfZ[e _____ VSk aX_____

Notary Public

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

12TH GRADE INFORMATION PACKET

CONSENT TO MINOR'S HEALTH SCREENING AND TREATMENT FOR VOLUNTEER SERVICES

FW_b`WG` [hVb[fk V dY`WG` [hVb[fk G` [hVb[fk aXBW` ek`S` [Sf FZa_ Se <WVba` G` [hVb[fk ` Sf[a` S^
 ;`ef[fgfVb`aX: VS`fZi dVc[g[dVS`^ha`g` fVWb` fa g` VVdYa S e] [fVef fa UZVU] XadVYbaegdVfa fgTVDug`ae[e S` V S
 T`aaV fVef i Z[UZ [U`gVVe eUdVW [Y XadL_ g` [fk fa UWfS [XWf]age V[eVSeVe egUZ Se dgTWS S` V UZ[U] W
 baj ž3` k ha`g` fVWdXag` V` af fa TWL_ g` Wfa dgTWS [e dVc[g[dW fa dVW[hWS hSUU[Sf[a` ž

FZWi dffW Ua` eWf aXS_ [ade bSdW fi YgSd/[S` † adafZVd WVS`k dVeba` e[T WbSdK [e dVc[g[dW XadfZW
 bWad_ S` UWaXS` k_ VW[US`^eVh[VUe g` Vee fZW_ [adZSe YdSVgSfW Xa_ Z[YZ eUZaa`ad[e_ SdVW ad
 bdV` S` fz

**I hereby consent to the performance of all required medical services to my son/daughter by the
 aforementioned Universities and/or Medical Research Institutes, including vaccination against
 measles, rubella and mumps if indicated.**

**I also agree to allow the aforementioned Universities to provide any necessary episodic medical
 care that my son/daughter may require during his or her volunteer placement.**

Minor's Name

Signature of Parent/Guardian

Print Name:

Address

Relationship to Minor

Date

Notary

12TH GRADE INFORMATION PACKET
CONSENT AND RELEASE OF INDIVIDUAL

BZke[U[S` EU[W f[ef Fcd[[Y BcdYcd_
 FZW6[efS` UW>Vsd [Y
 #%\$&I ž 5 VsdVW Ef
 BZ[SVWbZ[Sİ B3 #+##%\$
 FW,/\$() fi\$%* ž \$+ " " Vyfz#

; _____ İ Va ZWdWk Ycd` f bWd [ee[a` fa fZWBZke[U[S`
 EU[W f[ef Fcd[[Y BcdYcd_ /BEFBfifa TWfZWegdbYsfW9gSdV[S` aX_ k_ [adUZ[V

Minor's Name

i ZW eS[V UZ[V [e WYSYVW [BEFB bcdYcd_ _ Sf[U SUf[hfVd Vgd` Y fZWeg_ _ Wd_ a` fZe S` V eUZaa^kVsd
 Sf S^BEFB SXİ[SfW SUSVW [U [effrgf[a` et bZsd_ SUMgf[US^Ua_ bS` Wd [effrgfVd!UW fVd Sf fZW` Sf[a` S^
 ;` effrgfVd aX: VsfZİ S` V Sf eU[W f[X _ VWV[Yež; See[Y` fZWBEFB adSXİ[SfW W f[Vd fZWdYZf fa ahWdVW_ k
 UZ[Vie egbWd[e[a` Sf fZWdhwgVd S` V Ua` eW f fa fZWSadV_ W f[a` W W f[Vd fS[[Y _ k UZ[V fa S ZaebfS^
 W_ WdVW Uk da_ i ZW ZWeZWdVg[Vd_ W[US^ffW f[a` ž

; SYdVWFZSf S^dWad/et b[UfgdVd h[VVd e bcdVgUW i Z[VW_ k UZ[V [e g` VVd fZWegbWd[e[a` aXfZWBEFB
 S` V!ad[fe SXİ[SfVd i [^dV_ S[fZWbcbVdVd aXeS[V W f[VdVž

; S_ ahWd fi WfkŽa` WkVsd aXSYW S` V ; S_ fZWbSdVf S` V!ad VV S^YgSdV[S` ž

Signature of Parent/Guardian

Relationship

Date

Notary

12TH GRADE INFORMATION PACKET
HOSPITAL CONSENT FORM

;f fZWbSdW f aX _____

Y[hWfZWbZke[U[S` EU[W f[ef FdS[[Y BdaYdS_ /BEFBfiUa` eW f fa fS] W_ k UZ[V fa fZWZaeb[fS^W_ WdW Uk
da_ i ZW ZWeZW[e [z

; S`ea Yd` f fZWZaeb[fS^fZWdYZf fa fdWsf_ k UZ[V g` VWdBEFB egbWhe[a` z

` S_ W

Notary

6SfW

12TH GRADE INFORMATION PACKET
ABSENCE POLICY FORM

6VsdBSdV fe,

FZWbgdabaeWaxfZ[e WfVd[e fa [Xad_ kag aXfZWBZke[U]S` EU[W f[e]f FdS[[Y BcdYcd_ /BEFBfi3TeW UW
 Ba[UkZ KagdUZ[V [e Wj bWUfVW fa SffW V fZWW f[dWVYfZ aXfZWbcbYcd_ ž` a` Ua_ b[S` UWI [fZ fZ[e ba[Uk i [^
 dWeg f [kagdUZ[Vie fVd [Sfja` Xa_ fZWeg_ _ WdbcbYcd_ ž

_____ #ž A hVd [YZf efSke Sf Za_ **Ware not permitted** g` VVdS` k U[dJg_ efS` UVž

_____ \$ž 3TeW UVž Xa_ fZWbcbYcd_ **will not be tolerated** Sf S` kfL Vž
*** Only signed, medically documented absences** i [^TWVj UgeWž

*** MAKE ALL DOCTOR'S AND DENTIST'S APPOINTMENTS
 BEFORE THE PROGRAM BEGINS or AFTER THE PROGRAM ENDS.**

_____ %ž FZWdM [^TW a ahVd [YZf h[e]fe [fZWad_ Xa_ S` k Xs_ [k _ W_ TWadX[VV S`ai W
 Sf S` k fL Wgd` Y fZWbcbYcd_ ž

_____ &ž BSdV fe SdV af bVd [ffW fa b[U] gb fZWdUZ[VdV Xa_ fZWbcbYcd_ g` Vde [f [e Vgd` Y
 fZWZagc ebWUfiVW Tk fZWBEFB aXiUVž

AgdaX[U i [^ [Xad_ kag aXfZWfL WS`affW XadXs_ [k h[e]fež 3f fZSf fL W kag i [^ WVV fa Ua` fSUF
 Vč? aeVd I [^S_ e Tk bZa` Vž DVt gVefe _ SVWtk Xsj i [^ af TWSUUVbVW adSbbcbhVWž

;f [e UdjU]S^fZSf kag g` VVbS` V fZSf kagdUZ[V i [^TWL _ VW[SfVk V[e_ [eeVW Xa_ fZWbcbYcd_ eZagV S
 hja`Sfja` aXs` k aXfZWSTahWefSfV_ W fe aUUGč B VSeW [[fS^VdUZ aXfZWefSfV_ W fe[e] Y` Sf fZWT affa_ t
 S` V dWgd fZ[e WfVd fa fZWBEFB aXiUVž I WegYYVef kag _ S] WS Uabk aXfZ[e Xad_ Xadkagdfi Vž

E [UVW

6č? aeVd I [^S_ e

Executive Director & Founder

BSdV f E [Y` SfgdW _____

EfgVW f E [Y` SfgdW _____

12TH GRADE INFORMATION PACKET
SHIRT/LAB COAT SIZE FORM

` S_ W _____ 9 dSVW _____

BEFB EZ [d E [W/B WSeW5ZWU] A` WE [Wfi

Adult £ Small Medium Large J Ž>SdYW

Youth £ Small Medium Large J Ž>SdYW

>ST 5aSf E [W? SW5aSf E [W WjS_ b^We [W%* fi _____

12TH GRADE INFORMATION PACKET
SPECIAL EVENTS UNIFORMS UPDATE

- ‡ 3^ebWU[S^VWV fe g` [ad_e eZagV TWfS[adWf WUz Taker bS` fe ZW_ _ Wz
- ‡ 3^BEFB W_ T W_ bSfUZV eZagV TW eW` a` fa fZWYdWV T`SI Vd`baU] Wz
- ‡ 9 [de US` i Vd[e] [fa` WefaU] [Yet YdWV efaU] [Ye SdV af dVg[dWz
- ‡ 9 [de US` i VdT`SU] eZaV i [fZ S μ SZWV ad V ež
- ‡ 4ake _ gef i VdT`SU] aSXV adT`SU] f[Vzgb VdV eZaV ež

12TH GRADE INFORMATION PACKET
STUDENT HEALTH FORM

EfgVW fie @S_ W _____ EaU[S^EWUgd[fk ° , _____

Student's Statement

;/EfgVW fie E[Y` SfgdWfi _____ M OVWk fZWgeWaXadM OgeW
egTefS` UvE fZSf SdWZST[f Xad_ [Y^VbdWeS` fel ef[g`S` fel ` SdJaf[UefiadVj UvEe[hWS`UaZa`i Z[UZ_ Sk
[fVWMM [fZ_ k ST[fk fa VVhVdVeba` e[T`WbSf[W f USdV

Immunization

Measles # 1: VSfW	#2: VSfW	H[cS^f[fVd
Mumps # 1: VSfW	#2: VSfW	H[cS^f[fVd
Rubella Antibody Titer: ;_ _ g` W		VSfW
EgeUVb[f[T`W		VSfW
Varicella Antibody Titer: ;_ _ g` W		VSfW
;_ _ g` [Sf[a`	#1: VSfW	#2: VSfW
: [efack	MO@a	MOKW VSfW
Hepatitis B Antibody titer: ;_ _ g` W		VSfW
EgeUVb[f[T`W		VSfW
;_ _ g` [Sf[a`	#1: VSfW	#2: VSfW
PPD skin test (by Mantoux, must be within last year):		VSfW
@VWSf[hW	Bae[f[hW	/_ _ z` VgdSf[a` fi
:Xbae[f[hW dVeg`fe SV VSfWaXUZVef j ZcSk		
;ea` [SI [V fdVsf_ W f VsfWefSdVW	f VSfWUa_ b`VW	fi

Influenza immunization: VSfW

Tetanus/Diphtheria booster (must be within the last ten years): VSfW

5WfX[Y BZke[U[S` E[Y` SfgdW _____ 6SfW

Bd fW @S_ WS` V 3VdVde, _____

