

MEDICAL CONSENT AGREEMENT

If I should require medical treatment because of injury or illness during the REU program, I understand that every effort will be made to contact the parent for whom I have provided information below. I consent to such treatment in an emergency or if I am unable to consent to such treatment.

A copy of my medical insurance card from _____ is attached.

I acknowledge that Montana State University does not provide health and accident insurance for REU program participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatment. I will notify the program coordinator in writing if I have medical conditions about which emergency medical personnel should be informed.

I acknowledge that I have read the foregoing MEDICAL CONSENT, understand it and sign it voluntarily. I am at least eighteen (18) years of age and fully competent and I fully intend to be bound by the terms of this agreement.

Printed Name of Student

Signature of Student

Date

Name of Parent for emergency contact

Parent Phone No.

MEDIA USE PERMISSION FORM

During the Research Experience for Undergraduates (REU) program photographs and videotape footage may be obtained to document the program's activities. This material will be used to document and publicize various aspects of the REU program.

I grant permission for photos, slides and videotape footage of myself to be used in presenting the activities and results of the REU.

Printed Name

Signature of Student

Date