



GEMS Permission Forms – BIOMEDICAL (NHS)

Walter Reed Army Institute of Research (WRAIR) Educational Programs are designed to raise interest among middle school and high school students in pursuing careers in Sciences, Technology, Engineering and Mathematics (STEM). It is our goal that the students improve their academic performance and learn that science is fun.

We will be hosting Beginning and Intermediate (Biomedical) GEMS at:

- Northwestern HS, 7000 Adelphi Road, Hyattsville, MD 20782
- Directions and detailed instructions will be sent in a separate e-mail.
- **All sessions are for 4 days. PG County schools are closed on Fridays.**
- **Regular program hours are 8:30am-4:00pm. Students can be dropped off starting 8:00am**

Parents/Guardians, please review these guidelines with your child ward. Return the completed and signed permission forms prior to your child/ward's assigned GEMS session.

Policies and Conduct

Attendance and Stipends:

- Students must be in class by **8:25 AM**. Attendance will be taken at 8:30AM.
- At **9:00 AM** GEMS program staff will contact parents/guardians of any student who is absent.

GEMS participants are eligible to receive a stipend. To receive full stipend,

- Participants must attend all 4 days (Mon-Thurs) of their assigned session.
- Stipend adjustments will not be made for absences. Please plan doctor's/dentist's appointments and family events accordingly.
- If there is an emergency situation that requires your child/ward to miss a complete or partial day of GEMS, please contact the GEMS staff or Ms. Swati Ramadorai (301-319-9259). We will evaluate such requests on a case by case basis.
- Stipend checks are released to us to be distributed on the last day of the session. If check issuance is delayed for unforeseen reasons and we are not able to give your child his/her check on the last day, **it will be mailed to the address on file.**

Attire, Behavior, Electronics and Personal Belongings

For lab safety reasons and to maintain decorum in the class, participants are requested to wear:

- Pants/skirts/shorts that are below the knee
- T-shirts/shirts/blouses that are not revealing and have no inappropriate/hurtful messages or images (no tank tops or blouses that leave shoulders exposed)
- Closed toe shoes/sneakers (no open-toe sandals/flip flops, crocs)
- At all times, GEMS participants are expected to be mindful of and respectful towards other students, Near Peer Mentors and Resident Teachers and staff.
- Making hurtful or derogatory remarks about other students and bullying are **NOT ACCEPTABLE.**

Electronics and Personal Belongings

Use of personal electronics (cell phones/tablets) **IS NOT PERMITTED** in the classroom, except when staff members dictate otherwise. Cell phones must be turned off when in class.

We do not have secure storage space for electronic devices. Students are responsible for the safety and security of any electronic device and personal belongings they bring.

Lunch Policy

Students get a 45 minute lunch break from 11:30-12:15. **Lunch is not provided.** Cafeteria at NWHS is not open to GEMS students. Vending machines are not stocked over the summer. Students will not be allowed to go outside to buy lunch. **Please bring bag lunch, food that does not need refrigeration and preferably lunch that does not need to be heated. We will have limited accessibility to a microwave.**

Dismissal Policy

The GEMS Program ends at 4:00pm each day. Parents/guardians must pick up their children no later than 4:20pm. GEMS staff are not responsible for the safety and security of your child/ward after 4:20pm. The school doors are locked at 4:30pm and there is no one in the school.

I, _____ Session assigned: _____

Print Participant Name

have read, understood and WILL COMPLY with ALL policies and procedures described in this document.

Participant's signature

Date

Guardian's signature

Date

Health & Medical Permission Form

Medical Conditions or Medications We Should Know About

Allergies We Should Know About

Emergency Contacts

Primary Contact (Must be an adult of at least 18 years)

Full Name	
Cell Phone Number	
Work Phone Number	
Home Phone Number	
Relationship to Participant	

Alternate Contact (Must be an adult of at least 18 years)

Full Name	
Cell Phone Number	
Work Phone Number	
Home Phone Number	
Relationship to Participant	

Every possible attempt will be made to contact you.

I, _____, hereby **DO** voluntarily give permission to the rendering of such care,
(Guardian)

Including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may, in their professional judgment be necessary to provide for the medical, surgical or emergency care for

(Participant, hereafter "dependent") – Full Name _____

I further give my permission to Dr. Emily Kuehn or Dr. Margery Anderson as caregivers for my dependent for the period June 12, 2017 through August 18, 2017. In the event that my dependent is injured or ill while under their care, I give my permission to the caregivers to provide first aid and to take appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

I, _____, **DO NOT give permission** to the treatment of

_____ in my absence.
(Participant, hereafter "dependent") – Full Name

Media Permission Form

Dear Guardians,

Our educational outreach programs have the potential to receive media attention. Media reporters may visit our GEMS program sites to video, photograph and/or interview members of our staff and potentially the students themselves about what they are learning and what they think of the program itself. Any media attention will not disrupt from their learning and we will give the students advanced warning prior to any cameras or reporters entering the building.

I, _____,
Print Name of Guardian

DO Grant Permission	DO NOT Grant Permission	
<input type="checkbox"/>	<input type="checkbox"/>	To Photograph Participant
<input type="checkbox"/>	<input type="checkbox"/>	To Videotape Participant
<input type="checkbox"/>	<input type="checkbox"/>	To Interview Participant
<input type="checkbox"/>	<input type="checkbox"/>	To Identify Participant in Media

for _____.
Print Name of Participant

Participant's Signature

Date

Guardian's Signature

Date

Evaluation

During your Army Educational Outreach Program (AEOP) experience you may be asked to respond to various assessment instruments (e.g., questionnaires, demographic information, focus groups, interviews, etc.). Your responses to these instruments are VOLUNTARY; you can choose not to participate or to withdraw from participation at any time. These assessment tools are not anonymous but all results will be kept strictly CONFIDENTIAL. The resulting data from all assessment tools will be read, entered, and analyzed by authorized personnel only and will be stored in secure, password-protected servers or databases. Any and all reports to sponsors or scholarly publications that utilize the results of our evaluation data will be de-identified prior to analysis and dissemination. Data may be shared with program evaluators at the WRAIR and AEOP.

By officially accepting your GEMS award with your personal signature you are indicating that you have read, understand, and are willing to participate in the program evaluation within the GEMS program.

(Parent/Guardian Signature)