

PARENT'S CONSENT: (PLEASE READ CAREFULLY) SIGN AND RETURN

As parent/guardian, I hereby give my child, _____, permission to participate in the Rutgers, New Jersey Medical School SMART Program.

- I understand that: The cost of the 2025 Summer Program is **\$350.00**.
- I understand that there is **no financial aid available** for the Winter Program.
- I understand that SMART is designed to enrich the education of traditionally under-represented minority pre-college students who are interested in health careers.
- I understand that SMART participants are expected to do well in school.
- I understand that although students are encouraged to participate in SMART until graduation from high school, previous participation in the program does not automatically guarantee acceptance. Furthermore, poor performance and/or unacceptable behavior are likely to result in dismissal from SMART Program.
- I understand that SMART participants are subject to regulations of New Jersey Medical School (NJMS) and the SMART Program.
- I understand that only individuals who are paid on salary, or are registered as hospital volunteers are insured by University Hospital & Rutgers, NJMS and that insurance is limited to injury incurred while working at Rutgers, NJMS or while serving as a University Hospital volunteer.
- I understand that Rutgers, NJMS SMART Program is released from the responsibilities (and accepts no liability) for any injury or accident(s) that may occur to any SMART Program student under eighteen (18yrs) who is participating in the SMART Program and who participates in any activities outside of the Rutgers, New Jersey Medical School Campus.
- I understand that SMART continuously evaluates its programs and services in an effort to better serve me and my family. For this reason, all program and participant information collected will be kept strictly confidential, except as it may be required by law. All information may be inspected by the Rutgers, NJMS Institutional Review Board (IRB), the Rutgers, NJMS Office of Special Programs researchers, the grantor (National Institute of Health –Science Education Partnership Award) and any federal agencies as required by law. My child's identity will be coded and will not be associated with any published results.
- I hereby grant SMART permission to lawfully use my/our child's photograph, name, grade, community of residence and written materials for program publicity, press releases and program publications (electronic or otherwise).
- In case I cannot be reached in an emergency, I authorize such medical treatment as is deemed necessary by competent medical personnel for the above named child(ren).

Section VII: Certification Statement

By submitting this application, I certify that the above information is true and complete to the best of my ability. I have read the policies & consents. I understand agree/agree on the behalf of my child to abide by them. I understand that my application will not be reviewed without all accompanying documentation.

Print Name

Date

Signature

Date

Relationship to Applicant

For Official Use Only

Date Rec'd	App Complete <input type="checkbox"/>	Fees Rec'd <input type="checkbox"/>	App Fee ID	Status:
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