

Rutgers Institute for Translational Medicine and Science

RITMS Summer Research Program
Rutgers, the State University of New Jersey
Child Health Institute of New Jersey
89 French Street, Suite 4211
New Brunswick, NJ 08901

Phone: (732) 235-7607
Fax: (732) 235-7178

ADULT CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM

I, _____, understand and consent as follows:
Student's Full First and Last Name (Print)

I have been offered a summer volunteer position at the Rutgers University in the Rutgers Institute for Translational Medicine and Science for educational/training purposes, from the third week of May until the second week of August.

I understand that the Rutgers University is not responsible for any of my travel expenses or housing/living expenses.

I understand that laboratories are specialized environments in which chemicals, biological materials, and special instruments are often used, and can have the potential for creating hazardous conditions. I recognize and acknowledge the potential for such risk, and I agree to volunteer in the Rutgers Institute for Translational Medicine and Science Summer Research Program.

In the event of any emergency occurring during my summer volunteer experience, I grant permission to the Rutgers University, its physicians, members of the faculty, agents and/or employees to provide such emergency care and treatment that in their judgment may be deemed medically necessary or advisable. I agree to cover the cost of such emergency care/treatment, if any is needed, as well as, any subsequent treatment or care that I might require.

Signed: _____ Signed (witness): _____

Date: _____ Date: _____

Insurance Information (please submit a photocopy of insurance card, front and back)

Insurance Carrier: _____ Carrier Group Number: _____

Policy Holder's Name: _____ Policy Holder's ID #: _____

If applicable, Insurance Carrier pre-certification telephone number: _____

Address for claim submission: _____

Rutgers Institute for Translational Medicine and Science

RITMS Summer Research Program
Rutgers, the State University of New Jersey
Child Health Institute of New Jersey
89 French Street, Suite 4211
New Brunswick, NJ 08901

Phone: (732) 235-5207
Fax: (732) 235-7178

ADULT CONSENT STATEMENT & INSURANCE DOCUMENTATION FORM

Medical Emergency Contact Information

Person to contact first:

Name: _____

Relationship: _____

Day Tel: _____

Mobile: _____

Eve Tel: _____

Person to contact second:

Name: _____

Relationship: _____

Day Tel: _____

Mobile: _____

Eve Tel: _____

Person to contact third:

Name: _____

Relationship: _____

Day Tel: _____

Mobile: _____

Eve Tel: _____