PARENTAL CONSENT FORM

This is to certify that _____ has **parental consent** to participate in the 2027 Short-Term Research Experience to Unlock Potential (STEP-UP) Program for high school students. I understand that in the event of his/her illness during work hours, I will be notified immediately or the emergency contact person named will be notified if I cannot be reached. I also understand that I will be responsible for all medical liability incurred by my child in the event of injury or illness.

Youth will not be permitted to work if this form is not notarized.

_____ _____
Signature of Student Participant Date

_____ _____
Signature of Parent/Guardian Date

_____
Permanent Street Address

_____ _____ _____
City State Zip Code

State of _____ County of _____

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

__ __ / __ __ / __ __ __ __
Date of notarization (MM/DD/YEAR)

__ __ / __ __ / __ __ __ __
Date Commission Expires (MM/DD/YEAR)

_____
Signature of Notary Public (Seal)