

STUDENT PROGRAM FORMS

Disclosure of Program to Parents Regarding Supervision

GNBCC Student Scholarship Program at: _____
(Name of Laboratory/Research Facility)

We, the parents/legal guardian of _____, a student participant of the GNBCC program, fully understand that the Great Neck Breast Cancer Coalition's student summer scholarship program at the _____ consists of the following regarding supervision of our son/daughter, the participating student:

1. The student will be supervised at the _____ facility during agreed work hours.
2. The student will not be supervised at the residence hall or in the cafeteria, or on the grounds at _____.
3. The student will not be supervised or chaperoned Monday through Friday, before or after work hours at the _____; and will not be supervised or chaperoned during the weekends when the _____ is closed.
4. GNBCC does not have any personnel to provide any supervision of the child/student. The complete responsibility for supervision of the child/student must rest with the latter's family.

Signed: _____
Parent/Legal Guardian

Date: _____