

# Midwood High School Science Research

David Cohen — Principal  
Michael McDonnell — Assistant Principal, Physical Science  
Tovia Rosenfeld — Assistant Principal, Biological Science  
Jennifer Sullivan — Science Research Teacher  
Glenn Elert — Science Research Coordinator

2839 Bedford Avenue, Brooklyn NY 11210  
(718) 724-8500

## Science Research Program Parent Release

I, the parent/guardian of \_\_\_\_\_, hereby give my permission for my son/daughter to take part in the Science Research Program of Midwood High School. I understand that my child will travel unaccompanied to and from the designated research site after the regular school day.

I agree not to hold the school or the research site or any of their employees responsible for injuries, illness, or other problems incurred while traveling to and from the site or while engaged in research activities at the site. I understand that the cooperating scientist(s) and their institution will use appropriate safety measures to safeguard my child from laboratory-related injuries or illnesses.

## Science Research Room Usage Agreement

Room A214 is available as a workspace for use by junior and senior science research students during their free periods when the room is staffed by a teacher. Here are the rules concerning its use in condensed form:

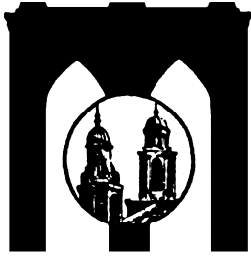
- No guests or visitors.
- No cutting a dull class or hiding from a substitute teacher.
- Show ID when asked. Respect any and all teachers assigned to the room.
- Max. Seat Cap.: 17 students. Seating is on a first come, first served basis.
- No personal stereos or cell phones will ever be seen or heard in this space.
- No games (calculator, computer, board, card, street, or field). It's a workspace.
- Care for your personal belongings as if they were your own. The school won't.
- Care for the room. Keep it clean. Keep it (reasonably) quiet.
- Keep your hands off experiments in progress.
- Safety first, middle, and last.

I have read and understand these rules.

## Midwood High School Photo & Media Release

I hereby grant to Midwood High School and its designated representatives the right to record my child's persona and/or voice using photographic, video or other such techniques; to include his/her name, likeness, voice and written material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings for educational and/or promotional purposes in any and all media throughout the world. I understand that signing this release does not guarantee publication of any photo, video, or written work.

_____	_____	_____
student	signature	date
_____	_____	_____
parent or guardian	signature	date



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## Emergency Contact Info

In an emergency I can be reached at:

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Contact Person:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Please use the space below to list any restrictions you may have about your child's lab selection. (For example, if they are not permitted to travel to Manhattan or not allowed to ride the trains.)