



Parent Consent Form

Student/Child Name (First and Last): _____

Parent/Guardian Name (First and Last): _____

I hereby give consent for my child to participate in the BrainSTORM Program at CUMC. I acknowledge that my child will be meeting with a mentor, either in person or over Zoom, and will be participating in a research project to be determined by my child and their mentor. I agree to allow my child to communicate with members of the the BrainSTORM team, as well as with their mentor's lab and/or team if necessary by email, video chat, or over the phone. I consent to my child being onboarded through HR and coming onto campus in person, if that is what my child has agreed to with their mentor, and I understand that my child and I must comply with the rules set forth for student visitors by CUMC.

Parent/Guardian Signature: _____

Date: _____