

NIMH-HSHRP Student Instructions

1. Complete High School Student Participation Application.
2. Provide current HS transcripts (unofficial copy is acceptable).
3. Please read the Laboratory Safety Rules.
4. Students and Parents must both read and sign the Privileges and Responsibilities Form, and return it with the application according to instructions at bottom of page.
5. Please hold onto the Parental Consent and Medical Examination forms, until you have been advised of acceptance into the program.

If you have been accepted into the program, you will have to come to the office to:

6. Provide copies of Social Security card or birth certificate, and Drivers License or School ID with picture, for identification purposes. (or)
7. **If you are not a US Citizen**, student must provide a notarized statement certifying that they have an Alien Registration Card (I-151 or I-551) or other legal verification of such status, and provide a copy of the documentation.
8. Submit completed Parental Consent and Medical Examination Forms.
9. Complete a W-9 Form.

Please contact our office (516-876-2732) if you have any questions regarding the program or eligibility.

State University of New York
College at Old Westbury

HIGH SCHOOL STUDENT
PARTICIPATION APPLICATION

Name (Print or type) _____

Address _____

City _____ State _____ Zip _____

Local Phone _____ Home Phone _____

E-mail address: _____

Date of Birth _____ Place of Birth _____

Sex: ___Female ___Male Soc. Sec. #: _____

Ethnicity: _____

- Citizenship/Residency: U.S. Citizen
 Permanent Resident # _____
 Student visa # _____
 Other # _____

Current School Attending: _____

Current Academic Level and Average: _____

Expected Date of Graduation: _____

Please attach a current high school transcript!

List any science courses and/or work experience relevant to scientific research: _____

Laboratory Safety Rules for Research Students

1. Students may NOT drink, eat, or, smoke in the laboratory, or while being at the lower level of the Natural Sciences Building at any time.
2. Students are advised to wear safety goggles at all times while in the lab.
3. Students MUST wear gloves and lab coats as instructed by the Training Instructor.
4. Students are advised to wash their eyes thoroughly and immediately for 15 minutes following chemicals entering their eyes.
5. Students MUST report any accidents or fires, as small as they may be, to their Instructor immediately.
6. Students must handle all chemicals and instruments according to the instructions of the Training Instructor and never try to figure out anything by themselves. If there is a question ASK your Instructor, you are here to learn!
7. Students may NOT perform any unauthorized experiments.
8. Students may NOT remove any chemicals from any of the laboratories.
9. Students may NOT remove any equipment from any of the laboratories.
10. Students should NOT taste any chemicals or solutions and NEVER use mouth suction to pipette.
11. Students using any toxic, irritating, or, odiferous chemicals must use those chemicals in a fume hood and avoid any contact with skin and/or clothing.
12. Students must remember, and learn how to use the location of emergency exits and safety equipment, such as fire extinguishers, eye wash station, emergency kits, etc.
13. Students must apply cold water and/or ice on an area of the body that a burn has occurred.
14. Students may NOT wear open toe shoes as they pose a risk of a serious accident. ANY student caught wearing open toe shoes will have to leave the laboratory and the lower level of the Natural Sciences Building and hence be counted as absent.
15. Students with long hair MUST tie it back as long hair poses a serious safety risk. ANY student caught having their hair down will have to leave the laboratory and the lower level of the Natural Sciences Building and hence be counted as absent.
16. Students MUST observe and follow ALL of the safety posted signs and take ALL of them very seriously.
17. Students MUST dispose ALL materials according to their Instructors' directions.
18. Students MUST clean after themselves. This means: ALL chemicals and/or equipment have to be returned to their original location, ALL glassware and equipment MUST be cleaned, ALL waste products be disposed accordingly, the location, such as tables, MUST also be cleaned and wiped before the students are allowed to leave.
19. Students should NOT waste chemicals, just use the exact amount needed for experimentation and NEVER return any unused portion of any chemical to the original container, inform your Instructor and he/she will guide you through disposal of those chemicals.
20. Students: **NO HORSEPLAY**

National Institute on Mental Health
High School Honors Research Program

Privileges and Responsibilities

1. Summer Program Attendance. All students are expected to be present at every session throughout the duration of the program. One may have a maximum of 2 absences per year with no excuse (total of 4 in the 2 year duration of the program), any more absences require a letter by the parent/guardian, or, a physician. All documents justifying a student's absence must be addressed to the program Director, Dr. Stephen C. Pryor.
2. Academic Year Program Attendance. The parents are responsible for their children attending the program sessions. The parents will be informed after the student has reached the limit of absences. The University reserves the right to terminate a student for problems of behavior or excessive absences or if the student does not carry out his/her responsibilities. The privilege of attending conferences and presenting posters is contingent on performing the experiments and participating fully in the program and is a decision of the coordinator of the program.
3. The students are responsible for arriving at the meeting place on time and being prepared according to the Instructors guidelines.
4. Students are to follow the enclosed Laboratory Safety Guidelines for their own safety and the safety of fellow students and staff. Failure to do so may result in termination from the program.

I, the parent/guardian of _____, have read, understood and agree with the Privileges and Responsibilities presented in these pages. I have also gone through these Privileges and Responsibilities with my child attending the Program and he/she understands and agrees with them.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____

Student Signature: _____

Please return completed forms to:

High School Honors Research Program
Neuroscience Research Institute
Natural Sciences Building, Room S231
SUNY College at Old Westbury
P.O. Box 210
Old Westbury, NY 11568

HIGH SCHOOL HONORS RESEARCH PROGRAM
PARENTAL CONSENT

PARENTS: PLEASE READ AND AFFIX SIGNATURE AND DATE

This is to authorize the physicians and nursing staff of the HSHRP session site and/or emergency room physicians (and any consultants that they deem necessary) of nearby (or the most appropriate) hospital to render the necessary medical care to my daughter/son: (student's name)_____.

However, in the event of an emergency, and if I cannot be reached, I consent for the physicians of the infirmary of the HSHRP session site, physicians on the active staff of a nearby (or the most appropriate) hospital*, or another physician or hospital (as the case may be) to perform any emergency treatment, including surgery, requiring the use of local or general anesthetic. This authorization shall be in effect as long as my child is a student in the Program. Furthermore, I, the undersigned, will assume full responsibility for all medical costs incurred by my child not covered by medical insurance or normally provided by the infirmary of the HSHRP session site as part of the Program.

In addition, I hereby grant permission for my son/daughter to participate in the Commuter Program (bus service), and will hold neither the HSHRP nor any of the staff responsible for injury to my child.

Parent's Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Phone #: _____

* Students 17 and under will be taken to Nassau County Medical Center in case of emergency. This hospital will treat students with written parental consent. Students over 17 will be taken to Syosset Hospital, the most nearby facility.

HSHRP PROGRAM MEDICAL EXAMINATION FORM

This form *must* be completed by all participating students.

This section to be filled out by parents. Please print clearly.

Student's Name: _____ Birthdate: _____

Parent/Guardian's Name: _____

Home Address & Phone: _____

Work Address & Phone: _____

Medical Insurance: _____ Policy #: _____

IF PARENT NOT AVAILABLE IN EMERGENCY, CONTACT: _____

Address & Phone: _____

PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S SCHOOL HEALTH & IMMUNIZATION RECORDS or Have this section completed in your doctor's office

PHYSICAL EXAMINATION:

Weight _____ Height _____ Vision _____ Blood Pressure _____ Hearing _____

Details from above or additional information: Please attach a separate sheet

IMMUNIZATIONS: Must be completed before the program starts

1. Diphtheria/Tetanus toxoid (or Diphtheria/Tetanus Toxoid & Pertussis Vaccine)
Dates: Basic Series _____
2. Oral Poliomyelitis Vaccine
Dates: Basic Series _____
Boosters _____
3. Measles (Rubeola) Vaccine: Date: _____
4. German Measles (Rubella) Vaccine: Date: _____
5. Mumps Vaccine: Date: _____

TREATMENTS:

Give full details of any medical treatment, prescribed by any physician, to be administered during Summer Program

Physical activities to be restricted: Please attach a separate sheet

Please provide any additional pertinent information about the student's health on a separate sheet of paper.

EXAMINING PHYSICIAN:

Name: _____

Address: _____

Phone #: _____

Signature: _____

Date: _____