



Down Syndrome Research Institute

Summer School Waiver July 6 - 31, 2015

I hereby give permission for my child _____
to participate in the Summer School conducted by the Down Syndrome Research
Institute at Sir George Ross Secondary School, 365 Belfield Street, London, Ontario and
at the various field trip locations.

I understand that participation is purely voluntary and that the staff of the Down
Syndrome Research Institute do not assume any liability in the event of an accident or
injury to my child.

Name: _____

Signature: _____ Date: _____

Photograph Consent

I hereby give consent for my child _____ to
have his/her photograph taken while attending the Down Syndrome Research Institute
Summer School.

Name: _____

Signature: _____ Date: _____

Field Trip Permission

I hereby give permission for my child _____

to go on outings and field trips, under the supervision of the Staff of the Down Syndrome Research Institute. I understand that the students will not be transported in private vehicles without my express permission. I have read, completed and signed the emergency information and medical release form.

Name: _____

Signature: _____ Date: _____

Release of Research Data

I understand that one of the activities of the Down Syndrome Research Institute is to gather and disseminate research findings. I am aware that my child will never be identified by name or by description in any DSRI report or academic paper, and that data about my child's activities at the Down Syndrome Research Institute Summer School will never be released to any third party. Given this guarantee of confidentiality, I hereby give permission for research data about my child _____ to be used to compile research reports and academic papers.

Name: _____

Signature: _____ Date: _____