

**MT AIMS
GATHERINGS
PROGRAM
REQUIRED FORMS
June 10-19, 2024**

Please complete all pages (front and back) of this stapled packet – they are required for program enrollment.

Submit the completed enrollment packet to:

**Millie Bearleggin
32 Campus Drive
Chemistry Bldg.
Missoula, MT 59812
or
millie.bearleggin@mso.umt.edu**

**MT AIMS GATHERINGS PROGRAM 2024
ENROLLMENT FORM**

Please print in black or blue ink or type

Student's Name: _____ Grade Level: _____

T-shirt Size: _____

Date of Birth: _____ Gender: _____

E-mail Address: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone Number: _____

Parent/Guardian (1) Name: _____

Daytime Phone Number: _____ Cell: _____

E-mail Address: _____

Parent/Guardian (2) Name: _____

Daytime Phone Number: _____ Cell: _____

E-mail Address: _____

Is there a court order in place for student regarding custody? Explain: _____

Alternate Local Emergency Contact (*preferably located within the Missoula area*):

Name: _____

Relationship: _____ relative _____ neighbor _____ friend

Daytime Phone: _____ Evening Phone: _____

Cell: _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

MT AIMS GATHERINGS PROGRAM 2024
ENROLLMENT FORM

General Student Information

In order to make your child's experience at UM the best possible; we would like some information from you. MT AIMS staff will use the information on this page to enhance your child's campus experience.

1. Has your child ever been away from home without a parent? ____ Yes ____ No
If yes, how did they cope?

2. Does your child have any particular fears? (i.e., the dark, water, animals, etc.)

3. Does your child have any disabilities, health concerns or special challenges? (i.e. physical, emotional, learning, developmental, social or behavioral)

4. Does your child have any hobbies or special interests?

5. Is there anything else we should know about your child to make their stay more enjoyable?
(i.e. preferred roommate)

6. Name of your child's preferred roommate? (*UM Housing office allows for roommate requests but does not guarantee that the desired roommate will be assigned.*)

MT AIMS GATHERINGS PROGRAM 2024

PARENT/GUARDIAN APPROVAL FOR PARTICIPATION

I/We hereby certify and agree that _____ (“My Child”)
Please Print : Child’s Name (First, Middle, Last)

has my/our approval to participate in the MT AIMS Gatherings Program to be held June 10-19, 2024 at the University of Montana. **I/We understand that this is a full program experience and signing this form indicates that My Child will attend the entire program.**

I/We know the nature of the program and My Child’s experience and capabilities and consider My Child to be qualified to participate in the program. But I/We acknowledge that there are certain risks of physical injury or illness associated with the program’s activities as indicated on the Acknowledgment of Risk.

(Both parents/guardians, if possible)

Signature of Parent/Guardian

Signature of Parent/Guardian

Daytime Phone (Parent/Guardian)

Daytime Phone (Parent/Guardian)

Date

Date

MT AIMS GATHERINGS PROGRAM 2024

STANDARD CODE OF CONDUCT

The following is a list of rules and prohibited conduct intended to assist in providing for the health, safety and social well-being of everyone attending the MT AIMS Gatherings Program. **Any reasonable suspicion that a student has engaged in such prohibited conduct, or attempted conduct, or violation of any rule will result in the immediate dismissal from the program.**

- Students are expected to obey dorm rules and instructions given by MT AIMS staff, teacher chaperones, and/or University Staff.
- Students are expected to adhere to the dress code at all times. Undergarments should not be showing (i.e. no spaghetti straps or baggy pants), no clothing with offensive logos, messages, or alcohol or drug references, and all clothing should be an appropriate length not showing excessive skin.
- Students are expected to actively participate in all program classes and activities.
- Students are not to walk around campus except in groups and accompanied by the teacher chaperone, or MT AIMS staff.
- Each student must make sure that the group leader/teacher chaperone knows where he or she is at all times (ask to exit to the bathroom or other areas away from group).
- Students are required to be present and actively participating in their assigned activities at all times. Disruptive behavior in classes or on field trips/excursions and unexcused absences from any scheduled activity will not be permitted.
- **Dangerous or threatening conduct, disrespectful behavior, bullying (persistent, offensive, abusive, intimidating, or insulting behavior, which makes the recipient feel upset, threatened, humiliated, or vulnerable) and hazing (conduct that causes or intends to cause psychological, emotional, or physical harm to any person) will not be permitted.**
- Possessing, using, storing, or transporting firearms, other weapons, explosives, smoke bombs, fireworks, ammunition, or dangerous chemicals are prohibited.
- Relatives and friends are not permitted to pick up students during the program. Visitors during the program are not allowed except at family night and the closing ceremony.
- Students must keep all cellphones, tablets, music players, hand-held gaming devices, and other electronics in their dorm room. Electronic devices are not permitted in classes and students are responsible for the location and safe keeping of these devices.
- All students are to be in their assigned dorm room by 9:00 p.m. and lights out at 9:30 p.m.
- All students must adhere to any protocols that the MT AIMS Gathering Program or the University of Montana have in place regarding the prevention and spread of COVID-19, including but not limited to the use of face coverings.

As a participant in the MT AIMS Gatherings Program, I agree to participate in the entire program and conduct myself in a way to bring credit to my family, my school, my community, MT AIMS, and myself. I/We have read and will adhere to the above Standard Code of Conduct for the MT AIMS Gatherings Program. We understand that violation of any of the above rules and/or prohibited conduct will be cause for **immediate** dismissal from the program.

Student's Signature

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

MT AIMS MEDIA RELEASE

I hereby grant permission to MT AIMS, UM, and/or its associates, assistants, or subcontractors to photograph/film/interview my child,_____.

It is my understanding that photographs/films/interviews or portions thereof will be used for public view (publications, multimedia production, display, advertisement or world-wide web publication for the University of Montana, the MT AIMS Program & sponsor partners).

The undersigned agrees that MT AIMS, UM and its associates may use names, likeness, or biographical information supplied by the undersigned.

I agree to participate in this project without financial remuneration, and I understand that my signature below releases and discharges MT AIMS, UM and their agents, officers, volunteers and employees from any future claims and demands, as well as from any liability arising from the use of said photographs/images and interviews.

Parent or Guardian (please print)_____

Signature of Parent or Guardian_____

Date_____

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby grant permission to the Montana American Indian Math and Science Program and/or its associates, subcontractors and/or university host locations to release the student contact information listed below for my child,_____.

It is my understanding that student contact information will be released, upon request to government representatives for the purpose of program student award recognition. I acknowledge that MT AIMS has no control over whether the above-mentioned government representatives will further disclose my child's contact information.

I understand that my signature below releases and discharges, Montana American Indian Math and Science Program and their agents, officers, volunteers and employees from any future claims and demands, as well as from any liability arising from the use of said information by government representatives.

Parent or Guardian (please print)_____

Signature of Parent or Guardian_____

Date_____

MT AIMS GATHERINGS PROGRAM 2024

FIELD TRIP/TRAVEL EXCURSIONS APPROVAL

Dear Parents/Guardians,

Local field trips and travel excursions to the following locations to places like the Rocky Mountain Laboratories in Hamilton, Silverwood Theme Park in Idaho, and the Fire Lab in Missoula. Evening excursions will also be planned to local places around Missoula. Students will be transported in University Vehicles. MT AIMS staff will accompany this group and will work with the students to accomplish the educational objectives of this trip. Students will be supervised **at all times** during these field trips/travel excursions.

During field trips **ALL** MT AIMS students, counselors, and staff are expected to follow the current COVID-19 safety protocols set in place by the University of Montana and Missoula County, including but not limited to the use of face coverings.

This is to certify that _____ has my permission to go on the field trips/excursions with this program group.

In case of emergency, I may be reached at _____
(Telephone-home) (Telephone-work)

Signature of Parent/Guardian

Date

ELECTRONICS MANAGEMENT POLICY

The Montana American Indian Math and Science Program (MT AIMS) permits student possession and use of personal electronic devices as set forth below.

- Students are only permitted to bring personal electronic devices if they have an accurate electronics management form on file.
- **Students are only permitted to use electronic devices during designated times starting Monday, June 10, 2024 (typically each evening, after 06/10/2024, at the dormitory hall after the activity and before lights out).**
- Students are to use personal electronic devices for appropriate content only. The following are examples of use or content that is not allowed:
 - Access, upload, download or distribute abusive, hate related, harassing, bullying, obscene, pornographic, or sexually explicit materials or language.
 - Violate any local, state or federal statute.
 - Violate copyright, or otherwise use another person's intellectual property without their prior approval or proper citation.
 - Vandalize, damage or disable the property, including electronic files, of another person or organization.
 - Access, assist or allow others to access another person's materials, information or files without the implied permission or direct permission of that person.
 - Use another's password.
 - Reveal any passwords or user codes.
 - Use for commercial purposes.
 - Interfere with or disrupt other users, services or equipment.
- Students shall not display, use, carry, activate, or hide ANY personal electronic devices at undesignated times.
- Students shall not use personal electronic devices unless they have the permission of the owner.
- Personal electronic devices shall be turned off by lights out (9:30 PM) every evening.
- All personal electronic devices are subject to confiscation if an MT AIMS staff member or chaperone has reasonable suspicion that the student has violated or is violating the electronics management policy. If personal electronic devices are confiscated, they will not be returned until the end of the academy.

MT AIMS does not assume responsibility for any lost or stolen personal electronic devices. Please keep your devices under direct observation (do not leave unattended).

ELECTRONICS MANAGEMENT FORM

The Montana American Indian Math and Science Program (MT AIMS) permits student possession and use of personal electronic devices as set forth in the Electronics Management Policy.

It is only with this form turned in that students are permitted to bring electronics on campus. Students are limited to bringing two personal electronic devices onto campus.

Devices that ARE NOT allowed are:

- Large video gaming systems (handheld gaming systems are okay).
- Televisions
- Any devices larger than 16"x 12"
- It is recommended that students do not bring laptops. Students will have access to desktop computers during the day. Program laptops are available in the evenings if necessary.

This form must be turned in by June 10, 2024, to be valid.

Student Name: _____

Declare personal electronic devices that will be brought to campus:

1. _____
2. _____
3. _____
4. _____

I agree to and understand the Electronics Management Policy.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

MTAIMS GATHERINGS PROGRAM 2024

PARTICIPANT MEDICAL INFORMATION AND RELEASE FORM

Please print in black or blue ink or type:

Student's Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Please list any current medical concerns for your student (i.e. physical complaints, chronic illness, etc.):

Allergies: (food, medicines, insects, plants, etc.) No Yes Details:

Are immunizations current? No Yes

Does your child wear glasses? No Yes

Does your child wear contact lenses? No Yes

HEALTH INSURANCE INFORMATION

(Please complete this section)

The above named student is:

not covered by health and accident insurance.

covered by health & accident insurance.

If your child is covered by health and accident insurance, please provide requested information.

Policy Holder's Name: _____

Relation to Camper: _____

Health Insurance Provider: _____

Group/Policy Number: _____ Plan #: _____

Insurance Company's Phone Number: _____

Physician: _____ Phone Number: _____

MEDICATION INFORMATION

For minor medical concerns (upset stomach, headaches, etc.) MT AIMS has the following over-the-counter nonprescription drugs available for students when unexpected issues arise on a limited basis. To give your permission for any of these medications to be administered to your student please initial next to the type(s) below:

_____ Advil tablet (*Ibuprofen Sodium 200 mg*)

_____ Tylenol caplet (*Acetaminophen, 500 mg*)

_____ Pepto Bismol tablet (*Bismuth Subsalicylate, 262 mg*)

_____ Benadryl tablet (*Diphenhydramine HCL, 25mg*)

Please list any **nonprescription** (over-the-counter) drugs the student will bring to campus and is permitted to take including aspirin, acetaminophen, antihistamines, etc.

MEDICATION	PURPOSE	DOSAGE

Doctor's approval is needed for **prescription** medications that will be brought on campus. All medications must be in the original container; the pharmacy label must be attached and clearly legible for prescription drugs. Only include enough medication for the duration of the campus stay. Please list all current prescription medications that the student will bring to campus and is permitted to take:

MEDICATION	PURPOSE	DOSAGE

Physician's Signature (recommended only if the student is bringing prescription medication onto campus):

Please check one:

COVID-19 Testing: I consent do not consent to my child being tested for COVID-19 while at the MT AIMS program.

HEALTH INFORMATION STATEMENT

Please indicate if your child experiences or has experienced any of the following. Attach an additional sheet if additional space is needed for details.

	<i>Yes</i>	<i>No</i>	<i>Details</i> (i.e. how often, usual treatment, warning signs)
Headaches			
Convulsions/Seizures			
Fainting Spells			
Vision Problems			
Hearing Problems			
Breathing Problems (asthma, persistent cough, tuberculosis)			
Heart Problems			
Blood Clotting Problems			
Stomach/Bowel Problems			
Frequent Infections			
Diabetes			
Mental or emotional health challenges			
Other			

I/We hereby authorize the MT AIMS and University staff and district staff to order emergency medical treatment on behalf of my (our) child if deemed necessary by an adult staff member and/or qualified medical personnel. I/We give my/our permission to the adult staff associated with the MT AIMS to act on my/our behalf and administer the necessary medical care to my/our child. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required. I/We understand that health care and accident expenses are not covered by the UM, MT AIMS, or the school district and will be passed along to me/us.

_____ Date

Parent/Guardian Signature

_____ Date

Parent/Guardian Signature

Parent/Guardian Telephone Numbers Home (_____) _____

Work (_____) _____ Cell (_____) _____

Parent/Guardian Telephone Numbers Home (_____) _____

Work (_____) _____ Cell (_____) _____

MT AIMS GATHERINGS

COMPUTER CONTRACT

(Please read carefully)

This is the agreement between MT AIMS and (student) _____ to take ownership of the computer built during the MT AIMS Gatherings Program.

To take ownership of the computer, the student **must**:

- 1. Successfully complete Algebra 1 by the end of 9th grade.**
- 2. *You must submit your final 9th grade transcript to MT AIMS to meet this requirement.***
- 3. Maintain a “C” average (or higher) in all math and science classes.**
- 4. Apply to future MT AIMS opportunities. MT AIMS will share opportunities directly to students as they are eligible.**

The student will be allowed to take home the computer while completing the requirements. The computer must remain fully functional and in working condition throughout possession until all requirements are met.

It is recommended, but not mandatory, that the student/parents purchase anti-virus software to protect your computer. The free version we placed on the computer has limited protection.

Students who do not successfully meet the requirements above can keep their computers by signing an additional high school level contract or by paying \$2,000 to MT AIMS for the cost of the computer parts, software, and instruction. At no time should the computer be returned to MT AIMS.

I have read and agree to abide by the conditions stated above:

Student's Name (printed)

Parent/Guardian's Name (printed)

Student's Signature

(date)

Parent/Guardian's Signature

(date)

Transcript Release and Survey Authorization

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion also authorizes you to discuss this information with representatives of the organization named below entitled to receive said information. Completion of this document permits MT AIMS staff to visit named student on named school property.

Student Information

Student Name: _____

Date of Birth: _____ Current Grade: _____ Expected Graduation Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Parent/Legal Guardian: _____

Relationship to Student: _____

Current School Information

School Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Next Year School Information (If different from current school)

School Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Records Requested:

Transcripts

Testing Records

I, the undersigned, do hereby authorize the **University of Montana, Montana American Indian Math and Science Program** (MT AIMS, 32 Campus Drive, Missoula, MT 59812) to receive the above student's educational records upon request. I authorize the school/school district to disclose and redisclose the student's educational records and I understand that if the information is redisclosed it may not be protected by federal privileges, privacy laws or regulations.

I also understand that this program is funded through various sources, and to evaluate the program, the program will be collecting some information in the form of surveys on how the students feel about the program and about science and math in general. When information is reported, it will be anonymous, meaning that your child's name will never be associated with any information collected.

My authorization for the use, disclosure and redisclosure of the information identified above is voluntary. I understand that the information to be disclosed or redisclosed may include individually identifiable information, including personal and health related. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. Unless terminated in writing, this release shall remain effective for **7 years following the student's high school graduation date**. A copy of this release shall be as sufficient to authorize release of information identified above as the original signed by me.

Signature of Student Date

Signature of Parent/Legal Guardian Date

**ACKNOWLEDGMENT OF RISK FOR INJURY AND TO PROTECT
THE UNIVERSITY AND OTHERS FROM ANY SUCH CLAIMS THAT MAY BE BROUGHT
(FOR MINOR PARTICIPANTS - AGE 17 AND YOUNGER)**

THIS SECTION TO BE COMPLETED BY UM DEPARTMENT	
Department Name: Montana American Indian Math and Science Program (MT AIMS)	
Faculty/Staff Contact Name: Mille Bearleggins	Phone: (406) 243-4507
Faculty/Staff Contact Name: Stephan Chase	Phone: (406) 243-5638
Name of Event: MT AIMS Gatherings	Date(s): June 10-19, 2024
List Activities: MT AIMS Gatherings: STEM based education activities, recreation, and evening activities. Transportation on and off campus, all program activities and needs.	

PRINT PARTICIPANT NAME _____ AGE _____

Parents, please initial and sign below:

I, _____ (Parent/ Legal Guardian Printed Name), affirm that I have read the Montana American Indians in Math and Science (MT AIMS) Approval for Participation and Code of Conduct and understand the nature of MT AIMS Gatherings Program involving regular engagement in on-site, in-person program activities in a classroom, lab, and outdoor setting.

_____ I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that my child has responsibilities as a participant. I acknowledge that the University of Montana has been available to more fully explain to me and my child the nature and physical demands of the MT AIMS program and the inherent risks, hazards, and dangers associated with MT AIMS programming activities.

_____ I acknowledge that there are certain risks inherent in my child’s participation in this program, including, but not limited to risks arising from:

- Driving to and from the MT AIMS program site, or while in the course of MT AIMS program activities;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), and hepatitis, HIV or other bloodborne pathogens.

_____ I acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). I acknowledge that COVID-19 is extremely contagious and is believed to be spread mainly from person to person contact. I further acknowledge that permitting my child to participate in this program during the pandemic increases the possibility of my child’s exposure to COVID-19 and the risk of infection cannot be eliminated.

_____ I acknowledge that my child will be assigned a dorm room to share with another MT AIMS student participant for the duration of the MT AIMS Gatherings Program.

_____ I acknowledge that all risks cannot be prevented and could result in my child’s bodily injury, up to and including death, and agree to assume those risks beyond the control of University faculty and staff, including MT AIMS staff and counselors. I agree that it is my responsibility to ensure that my child understands and

follows the MT AIMS Site's policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations which the MT AIMS Site may recommend or the University require. I represent that my child is otherwise capable, with or without accommodation, to participate in this practicum.

_____ Should my child require emergency medical treatment as a result of accident or illness arising during the MT AIMS Summer Gatherings Program, I consent to such treatment. I acknowledge that the University of Montana does not provide health and accident insurance for MT AIMS participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. My child will notify MT AIMS staff or counselors if I have medical conditions about which emergency personnel should be informed.

_____ I certify that my child understands and will follow safe practices as set by the UM Administration, our state (Montana), county (Missoula), and federal government.

_____ I acknowledge that my child's participation in this activity is purely voluntary, no one is forcing my child to participate, and I elect to permit my child to participate in spite of and in full knowledge of the inherent risks.

_____ I have fully informed myself and my child of the contents of this affirmation by reading it before I signed it. I am of lawful age, legally competent and legal parent/guardian to sign this affirmation and acknowledgement of risk on behalf of my minor child. I assume my own responsibility of physical fitness and capability to perform the activities involved in MT AIMS Summer Gatherings Program. I understand if I or my child have any questions as to whether a physical or medical condition would prevent my full participation in any of the abovementioned courses, I should approach the MT AIMS Program Director or MT AIMS Associate Director who will discuss possible accommodations.

I, (Parent/ Legal Guardian Printed Name) have executed this affirmation and acknowledgement on this Date: _____

Signature
(Parent or Legal Guardian)

Date_____

PARENTAL PERMISSION FORM

Research Title: Montana American Indian Math and Science Program

Sponsor: Institute of Educational Sciences, U.S. Department of Education. Grant #S411C200028

Investigators:

Aaron Thomas, University of Montana
aaron.thomas@umontana.edu
406-243-2052

Fred Peck, University of Montana
frederick.peck@umontana.edu
406-243-4053

Purpose:

Your child is invited to participate in a program called “Montana American Indian Math and Science Program.” We designed this program with a focus to help prepare Native American youth and those from Montana reservations in succeeding in math and science courses. We want to learn more about whether the program meets this goal. Therefore, we are requesting your permission to include your child in a research study.

Procedures:

This study will take place during the summer and the academic year until December 31, 2025.

During the summer, your child will attend a one-week or a two-week summer camp at the University of Montana. They will take courses and do activities related to math and science. Researchers will observe camp activities and take notes. The notes will not include names of any of the people in the program, including your child.

Throughout the summer camp, we will ask your child to complete brief surveys. In the beginning and end of camp, they will complete a survey about their views about math and science. It will take about 30 minutes to complete this survey. At the end of each day of the camp, they will complete a survey about their experience that day. It will take about 5 minutes to complete this survey.

Your child may also be selected to participate in audio-recorded interviews. Interviews are voluntary. Your child can decline at any time.

During the school year, a researcher will visit your child in school about once a month. Your child will be asked to complete a short survey about their math and science courses. It will take about 15 minutes to complete this survey.

During the academic year, researchers will collect your child’s grades in their math and science courses and in other classes. They will also collect your child’s score on the state standardized test.

The University of Montana IRB	
Expiration Date	<u>None</u>
Date Approved	<u>5-11-2022</u>
Chair/Admin	<u>[Signature]</u>

Payment for Participation:

Your child will receive a monthly stipend of \$20.00 during the academic year for passing all of their classes for that month and for being a continuing participant in the program.

In addition, your child will be assembling a desktop computer that is theirs to keep as long as they pass Algebra 1 by 9th grade.

Risks/Discomforts:

There is no anticipated discomfort for those contributing to this study, so risk to your child is minimal.

Benefits:

There is no promise that you or your child will receive any benefit from taking part in this study. However, we think that the activities will help them better succeed in their math and science courses.

Confidentiality:

All records will be kept confidential and will not be released without your consent except as required by law.

The collected data, including surveys, notes, grades, and test scores, will be stored on encrypted servers. Only researchers will be able to access these files. Both your and your child's identity will be kept private. Instead of using names, we will use codes. This way, researchers will not see any names.

If the results of this study are written in a scientific journal or presented at a scientific meeting, neither you nor your child's name will be used.

Your child's signed assent form, as well as this parental permission form, will be stored in a locked cabinet separate from the data.

Voluntary Participation/Withdrawal:

Your decision to allow your child to take part in this research study is entirely voluntary. You may refuse to allow your child to take part in or you may withdraw your child from the study at any time without penalty. He/she can still be part of the MT AIMS program and not part of the research study if you choose.

Your child has the right to stop participating at any time. He/she can refuse to answer any of the survey question(s).

Future research:

Identifiers may be removed from the identifiable private information and could then be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you or your legally authorized representative.

The University of Montana IRB

Expiration Date None
Date Approved 5-11-2022
Chair/Admin [Signature]

Questions:

If you have any questions about the research now or during the study, contact Dr. Aaron Thomas:

aaron.thomas@umontana.edu
406-243-2052

If you have any questions regarding your child’s rights as a research subject, you may contact the UM Institutional Review Board (IRB) at (406) 243-6672.

Parent’s Statement of Permission:

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to have my child take part in this study. I understand that I will receive a copy of this permission form.

Printed Name of Subject (Minor)

Printed Name of Parent or Legally Authorized Representative

Signature of Parent or Legally Authorized Representative

Date

Statement of Permission to be Photographed, Audiotaped, Videotaped, etc.

I understand that photographs and/or video recordings may be taken during the study.

I give permission for my child’s photograph and/or video to be taken.

I give permission for the use of my child’s photograph and/or video in presentations related to this study.

I understand that if photographs and/or video recordings are used for presentations of any kind, names or other identifying information will not be associated with them.

Signature of Parent or Legally Authorized Representative

Date

The University of Montana IRB	
Expiration Date	<u>None</u>
Date Approved	<u>5-11-2022</u>
Chair/Admin	<u>[Signature]</u>