

Consent form for Harvard-MIT Mathematics Tournament

GMP Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: (first & last) \_\_\_\_\_

Will be participating in the following activity: Harvard-MIT Mathematics Tournament

On: \_\_\_\_\_ Itinerary attached ☐ \_\_\_\_\_  
(date of activity) *Teacher's Signature*

This optional activity provides an academic competition experience for the students and allows them an opportunity to apply their classroom mathematics learning.

Transportation: Families should determine their own transportation and accommodation. If you choose to ride with GMP staff or other GMP family, GMP accepts no liability.

Although I understand that the Gifted Math Program will make every reasonable effort to provide a safe environment at the Harvard-MIT Mathematics Tournament, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, or other consequences arising or resulting from the optional activity.

Regarding transportation and accommodation, I understand that GMP is not responsible or liable if a family chooses to accept transportation or supervision from GMP staff or anyone affiliated with GMP.

Being fully informed as to these risks, I hereby consent to the student participating in the activity.

Parent/Guardian Name: \_\_\_\_\_ Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

## Student Personal Medical Insurance Coverage

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of person to call in case of an emergency when the parent/guardian is not available:

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the student have medical restrictions? Please explain.

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Will the student be bringing medication? Please explain.

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The Gifted Math Program does not carry insurance to cover medical treatment of students.

The above named student is covered by the following personal medical:

Medical Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

In the event of an accident or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am not available, I authorize Claudiu Mihai to secure emergency medical care as needed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date: