

# Student & Parent/Guardian Agreement

All students must submit the Student & Parent/Guardian Agreement at time of registration.  
Questions? Email [researchevents@phsa.ca](mailto:researchevents@phsa.ca).

I, \_\_\_\_\_ (*student name*), may be participating in the following program:

- **Program Name:** Women+ in Science
- **Date & Time:** Wednesday, February 11, 2026 | 6:30 – 8:45 pm
- **Format & Location:** In-Person | BC Children's Hospital Research Institute, 938 West 28<sup>th</sup> Avenue in Vancouver, BC

## STUDENT CODE OF CONDUCT

I agree to:

- Arrive on time and be ready to learn.
- Respect others, their differences, ideas, and opinions. Any inappropriate, disrespectful or disruptive behaviour may result in removal from the program.
- Follow all instructions from the BC Children's Hospital Research Institute's program leaders.
- Not bring any friends or other guests to the program.
- Use all personal devices (phones, tablets, laptops, etc.) respectfully. I will keep my devices on silent and only use them when appropriate, so they do not disrupt the program or other participants.
- Respect that this programs being held in a working healthcare facility. I will stay in the designated program areas and not enter any parts of the building that are off-limits.
- Prioritize my safety and wellbeing. If any topics are difficult or triggering, I will step out of the space and ask for help if needed.
- Help protect others by following current health and safety guidelines, including:
  - Staying home if I am sick;
  - Wearing a medical mask if asked; and
  - Sanitizing my hands when entering and exiting the building.

## PARENT/GUARDIAN CODE OF CONDUCT

We aim to help students build the confidence and independence they need to succeed after high school. Parents/Guardian can support this by agreeing to:

- Ensure safe and reliable transportation is available to and from the BC Children's Hospital Research Institute (938 West 28th Avenue, Vancouver, BC) during the designated dates and times.
- Not attend the program, unless prior arrangements have been made. A designated drop-off area outside the building will be available. For the safety and security of all participants, parents/guardians will not be allowed to wait inside the building before, during or after the program.
- Encourage students to manage program communications. Parents/Guardians will be cc'd on the acceptance email, but afterwards, all program details go only to the students.
- Help protect others by keeping students' home if they're unwell.

## PHOTOGRAPHY

I understand that I may be photographed or recorded. I agree that the BC Children's Hospital Research Institute may use any photos or recordings of me in its promotional materials, including online and on social media.

## PROGRAM DETAILS

I understand that this program is a youth outreach program offered by the BC Children's Hospital Research Institute. I will be supervised by adults affiliated with the program, including program leaders, speakers/mentors and hospital security, and I agree to follow their instructions. I also agree to fully participate in the program.

### At the Women+ in Science Program you will:

- Hear from inspiring speakers who are leaders in science and healthcare.
- Ask questions and get insights directly from scientists and clinicians.
- Connect and engage with mentors to explore careers and opportunities in STEM.

*BC Children's Hospital Research Institute is a working healthcare facility. You may encounter samples or specimens (such as tissue, fluids, or blood) without warning and should be comfortable with this.*

## PROGRAM RISKS & SAFETY

The program involves both foreseeable and unforeseeable risks, hazards, and dangers. Even with care and supervision, it is not possible to eliminate the potential for harm. Potential risks include:

- Exposure to contagious diseases (e.g., Covid-19) from interacting with a large group indoors;
- Potential contact with samples and specimens that may be found in a clinical laboratory; and
- Discomfort or distress caused by engaging with challenging health topics, including clinically graphic images.

## ----- SIGNATURES -----

I acknowledge that there are risks associated with participating in this program. I understand that the measures taken by the program leaders will not eliminate those risks.

I confirm that I have read and understand this agreement, and that I have executed this agreement voluntarily.

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Name of Student (Print)

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Signature of Student

As the parent/guardian of the student named above, I confirm that I have read and understand this agreement and consent to their participation in this program.

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Name of Parent/Guardian (Print)

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Signature of Parent/Guardian

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Date Signed

Parent/Guardian Emergency Contact – Phone Number: \_\_\_\_\_

In case of an emergency, please provide a number where you can be reached during the program.