University of Missouri – Kansas City
Students in Training, Academia, Health, & Research (STAHR)
Scholars Program

PARENT/GUARDIAN CONSENT AND COMMITMENT STATEMENT

I, __________________________________________, the parent/guardian of
(Parent/Guardian Name)
__________________________________________ understand the objectives of the STAHR
(Student Name)
understand the objectives of the STAHR
Scholars Program and the exceptional opportunity the program offers. I have discussed the
components of the program with my child and hereby give my permission for them to participate
in the 2020 program. I agree and am committed to assisting my child in their effort to complete
the program and agree to provide/arrange transportation to/from each Scholars session.

________________________________
Parent/Guardian Signature
Date

________________________________
Parent/Guardian Work Number
Parent/Guardian Cell Number

________________________________
Emergency Contact Name
Emergency Contact Number

STUDENT COMMITMENT STATEMENT

I understand that STAHR Scholars is designed to help me gain additional knowledge in the
basic sciences and investigate healthcare as a profession. I will commit to attending each
session, working hard, respecting my peers and those leading the sessions, and commit to
improving in these areas.

________________________________
Student Signature
Date
University of Missouri – Kansas City

Students in Training, Academia, Health, & Research (STAHR)

Scholars Program

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF INFORMATION

__________________________________________ is interested in participating in the UMKC
(Student Name)

STAHR Scholars Program. The goal of the program is to provide enrichment in basic sciences
and further develop knowledge of healthcare professions for upper-year high school students.
Towards this end, I, ___________________________________________ authorize
(Parent/Guardian Name)

__________________________________________ or the school district to release
(Name of School)

information about my student to STAHR beginning on ____________________________
(Today’s Date)

through the duration of the student’s participation in the STAHR Scholars Program. I authorize
the release of information related to school attendance, grades, and standardized test scores. I
agree for STAHR to use this information for the sole purpose of evaluation and improvement of
the Scholars Program and the program’s effectiveness in improving the academic achievement
of its participants.

__________________________________________  __________________________________
Parent/Guardian Signature  Date

__________________________________________  __________________________________
Print Name  Relationship to Student

This authorization may be withdrawn at any time by written notice to:

UMKC School of Medicine
Attn: Scholars Program
2411 Holmes St., M3-223
Kansas City, MO 64108