

Child's Name (print): _____

Please fill out the following information as this info may have changed since you filled out the camp application. Please bring this to camp on the first day.

Food Allergies:

We recommend you pack a lunch for your child if they have food allergies as we do not have control of the food provided from the caterers each day.

What time do you plan to drop off each day?

What time do you plan to pick up each day?

Anything else we should know about your child?

Duke University

**Adventures in Alice Programming
Research Project Parental Permission Form**

We are happy that your child will be taking part in the Adventures in Alice Programming experience during Session II: July 14-18. The camp experience promises to be a dynamic and enjoyable one. In addition to creating virtual 3D worlds while learning computer programming, the camp experience includes a research component.

The objective of the research is to investigate methods for increasing K-12 students' interests in and knowledge of computer science. The purpose of this form is to secure your permission for your child to participate in the research portion of the camp.

As a participant in the research portion of the camp, your child will complete a written survey and content assessment at the beginning of the first day of camp and again at the end of the last day of camp. The survey and assessment will take only 20-30 minutes to complete each time.

While we are confident that your child will enjoy and learn from the camp experience, there will likely be no benefit to the research experience. We also do not anticipate that the research experience will be in any way unpleasant for your child. In any case, your child's participation in the research is completely voluntary. Whether or not your child completes the survey and content assessment will have no bearing on his/her camp experience. Your child may skip items in the survey and assessment and may stop participating in the research at any time.

Campers participating in the research do not put their name on the surveys and content assessment, but instead are given an identification number to put on the materials. The completed surveys and assessments will be sent to the evaluator for the project, Dr. Barbara Moskal, Professor, Mathematical and Computer Sciences at the Colorado School of Mines (303-273-3867). Dr. Moskal will analyze the data and send it back to us for use in professional and academic presentations. At no time will any information about any individual child be reported

The key connecting campers names to surveys and assessments is stored in a locked file cabinet and will be destroyed after all surveys and assessments are collected.

Please contact the Duke researcher, Susan Rodger, at 660-6595 (rodger@cs.duke.edu) at any time if you have any questions about this research. Also, if you have any questions about your child's rights as a research participant, you may contact the Chair of the Human Subjects Committee at 684-3030.

I have carefully read this consent form and asked any questions I have at this time. I agree to allow my child to participate in the research component of the Adventures in Alice Programming experience.

Name of Child: _____

Signature of Parent or Legal Guardian

Date

I give permission to Susan Rodger at Duke University and Wanda Dann at Carnegie Mellon University to use the Alice worlds my child created in the Duke Alice Camp in July 2008 for advertising (print or online), in scholarly talks and publications (print or online), and to include on web pages as examples of work.

Child's Name (print):

Guardian Name (print):

Signature:.....

Date:.....



Duke Health Enterprise Duke Office of Creative Services

PLEASE PRINT

Patient Name _____
 Address _____
 E-mail _____
 Phone _____
 (Office Use) Original Job Number MDCOC- _____

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PHOTO

If you choose to be photographed, videotaped or audiotaped or have protected health information concerning you or your dependent released to the media or for marketing/advertising purposes, please complete the appropriate paragraph(s) below:

■ Release of Protected Health Information and/or Consent to Media

I, _____ authorize Duke University, Duke University Health System, the Private Diagnostic Clinic and other members of the Duke Health Enterprise (Duke) identified in the Notice of Privacy Practice to release the following: _____
 _____ about me or my dependent _____ to the news or internal Duke media for the following purpose: _____ Expiration date or an expiration event: 100 Years from today's date

■ Permission for Photographs/Videotaping

I, _____ authorize Duke to permit its representatives and/or the news media to take photographs or videotape of me or my dependent _____ while I (he/she) am (is) a patient. I understand that Duke retains no control of the use of any photograph or videotape that is released to or taken by the news media. Expiration date or an expiration event: 100 Years from today's date

■ Permission for Audiotaping

I, _____ authorize Duke to permit the news media to record audio tape of me or my dependent, _____ while I (he/she) am (is) a patient. I understand that Duke retains no control of the use of any audio recording that is released to or made by the news media. Expiration date or an expiration event: 100 Years from today's date

■ Permission for Release of Information for Marketing/Advertising Purposes

I, _____ authorize Duke to release information about and/or take photographs of me or my dependent, _____ while I (he/she) am (is) a patient for use in marketing or advertising its services. I understand that the information, photographs, videotape or audiotape will be used primarily for marketing or advertising purposes, such as brochures, newsletter, Duke Web site and advertising. Expiration date or an expiration event: 100 Years from today's date

■ Permission for Photography/Videography for Medical Education/Medical Illustration

I, _____ authorize Duke to photograph or videotape me or my dependent, _____ while I (he/she) am (is) a patient. I understand the photographs or videotape may be used in any manner considered proper by the Duke administration but will be used primarily for informational purposes, medical education or medical illustration. Expiration date or an expiration event: 100 Years from today's date

I understand that:

If the materials are copyrighted by Duke, the material will be under the control of Duke. I understand, however, that once information and/or materials are released to the public information media—including but not limited to television, newspaper, magazine, radio, and the Internet—Duke no longer has control over their use.

I hereby release and discharge Duke as well as their assigns and/or representatives from any and all claims and demands arising out of or in connection with the use of the photographs, videotape, audiotape and/or release of protected health information.

I will receive no compensation for consent for the release of this material. I also understand that participating in this project will not in any way affect the care I (he/she) receive(s) or our medical bills through Duke.

I have read this form and fully understand the contents. I agree to be bound by this consent form. I acknowledge and represent that I am 18 years of age or older and have the right to contract in my own name or that I am legally authorized to sign this form for the patient.

I have the right not to be photographed, videotaped or audiotaped or have protected health information concerning me or my dependent released to the media. Choosing not to participate will in no way compromise the care I receive.

This authorization may be revoked at any time. Revocation must be made in writing and sent to the Duke Office of Creative Services and Marketing Communications, DUMC 3687, Durham, NC 27710 or faxed to (919) 419-1848. Such revocation shall not affect disclosures prior to revocation. I understand that Duke retains no control over the use of this information once it is released to the media.

WITNESS _____

SIGNATURE _____

DATE _____

RELATIONSHIP _____