

**Rollins College
Upward Bound Program
Winter Park, Florida 32789**

Liability Release & Medical Information Form

To be completed by Parent or Legal Guardian:

Student Name: _____ (Please print)

Please note: In permitting your son's/daughter's participation in the Rollins College Upward Bound Program summer residential component, your continued responsibility of his/her medical needs is expected; particularly concerning injuries and sickness. Consequently, this form is for you to acknowledge the following "liability release" statement and for you to provide medical information about your son/daughter to ensure further his/her safety during the summer.

Medical Information:

Is your son/daughter taking any medication? Yes or No

If "Yes" please complete the following statements:

Type of Medication: _____

Purpose of Medication: _____

How frequently is the medication taken? _____

Name of doctor who prescribed the medication: _____

Is your son/daughter allergic to any medication or food? Yes or No

If "Yes" please explain: _____

Does your son/daughter have any health problems that will impede or limit his/her participation in the program this summer? Yes or No

If "Yes" please explain: _____

For emergency situations, please provide the names and phone numbers of two individuals whom we should immediately notify if we are unable to reach you:

(1) Name: _____ Relation: _____

Phone Numbers: _____ (Home) _____ (Work)

(2) Name: _____ Relation: _____

Phone Numbers: _____ (Home) _____ (Work)

Liability Release:

In the case of my son/daughter incurring an injury, sickness, or death while participating in the Rollins College Upward Bound Program, resulting in part or in whole or in any way directly or indirectly related to a non-negligent act, I will hold Rollins College, its Upward Bound Program and staff harmless from any claims and liabilities of any type whatsoever.

Printed Name of Parent/Legal Guardian

Signature of Parent/Guardian

Date

**Rollins College
Upward Bound Program
Winter Park, Florida 32789**

Insurance Information & Emergency Care Authorization

To be completed by Parent or Legal Guardian:

Student Name: _____ (Please print)

In emergency situations requiring medical attention, Rollins College Upward Bound will make every possible effort to contact parents. However, if the circumstances require immediate medical attention, either because of sickness or injury and a parent cannot be reached, medical services from a local physician or a hospital will be solicited. In such instances, parents are responsible for the medical costs. Neither the College nor the Program can assume the cost of medical services. Please complete the following questions regarding your medical insurance coverage:

Do you have insurance coverage for your child? Yes or No

If yes, does the insurance cover:

- | | |
|---|---|
| (a) Emergency room care? <input type="checkbox"/> Yes <input type="checkbox"/> No | (c) Surgical care? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Hospital medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No | (d) Accident care? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please provide the name and address of your Insurance Company and the requested information about your insurance policy.

Insurance Company: _____ Policy #: _____

Address: _____

Effective Date of Policy: ___/___/___ Expiration Date: ___/___/___

If you do not have a medical insurance policy, how would the medical expenses of your son/daughter be paid in case of an emergency or sickness?

Please explain: _____

Authorization for Emergency Medical Care:

I hereby authorize an appointed Rollins College staff member to seek, obtain, and permit emergency medical treatment for my son/daughter in case of sickness or injury while participating in the Rollins College Upward Bound Program. Additionally, I (the undersigned) assume responsibility for the cost of medical services.

Printed Name of Parent/Legal Guardian

Signature of Parent/Guardian

Date

PARENTAL TRANSPORTATION CONSENT

If accepted into the Rollins Upward Bound Program, I give my son/daughter _____ (print name of student) permission to attend and participate in program activities, which may include field trips, tutorial sessions and physical activities.

I also understand and acknowledge that transportation for field trips, academic enrichment sessions, conferences and other activities will be by bus, van, train, airplane, or private car. Inconsideration of these activities provided to my child, I hereby release the Upward Bound Program, Rollins College, Winter Park FL and its employees from any claims for injury or damages arising out of my son's/daughter's participation, particularly for injuries or damages resulting from my son/daughter not following and adhering to the rules and policies of the program.

I give the Upward Bound Program permission to provide the necessary transportation to my child in order for him/her to participate fully in any related Upward Bound activities during the Academic or Summer Component.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

INFORMATION SHEET AND PERMISSION FORM

(To be completed by applicant and parent)

The *Rollins College Upward Bound Program* is a **federal assistance program** designed to promote post-secondary educational opportunities for individuals from selected schools (Jones, Evans, Wekiva & Oakridge HS) in Orange County. Thus, the work scope of the *Upward Bound Program* is educational in nature.

As an educational program, *Upward Bound* is required to determine the eligibility of all participants and maintain students' records. Under rules established by the **Family Educational Rights and Privacy Act**, you are hereby notified that the program's student records, and the information they contain are kept confidential, and that you (and your parents, if you are younger than age 18) have the right to inspect the contents of your record. However, directory information concerning your participation in the program will be released to the public as a matter of course. This information is limited to name, grade level, schools attended, home address, date of birth, parent's name and address, phone number, and participation dates. Unless notified in writing to withhold any or all of such directory information, the *Rollins College Upward Bound Program* will release it.

I hereby give the *Rollins College Upward Bound Program* permission to publish in print, electronic, or video format, the likeness or image of my child. I release all claims against the College with respect to copyright ownership and publication, including any claim for compensation related to use of the materials. **(If you do not wish to provide permission, please notify the program staff in writing. Note: Program photos, images, etc, are NOT sold nor used to generate income.)**

Concerning the availability of services through the *Upward Bound Program*, should the applicant/participant feel that his/her application was inappropriately reviewed, or equal treatment in services was not provided, he/she is encouraged to file a complaint with the *Rollins College Upward Bound Program* director, who will review the complaint and render a resolution. If you do not agree with the resolution, you may contact the Assistant VP of the Center for Leadership and Community Engagement at Rollins College for an appeal. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

In addition, individuals served by the *Upward Bound Program* must comply with laws pertaining to the receipt of Federal Assistance. As an example, a participant who is convicted of a drug-related activity must notify the program after such conviction. Male participants who reach the age of 18 while participating in the program must register with the Selective Service.

ACKNOWLEDGEMENT:

By signing this page of the application, the applicant agrees to, and his/her parent or guardian permits, the receipt of program services.

You also indicate understanding of the information provided and that the details on this application are true and correct.

Applicant's Signature

Parent or Legal Guardian's Signature

Date _____

The *Rollins College Upward Bound Program* provides assistance to eligible individuals without regard to race, color, national origin, gender or disability.