



VSA 2019
Welcome Paperwork Packet

Dear VSA Parent,

We are happy your student will be joining us for VSA 2019! In order to participate in Vanderbilt Summer Academy, all students must have up-to-date welcome paperwork on file. Below you will find a checklist of all forms needed for your student to attend VSA. The deadline for submitting all welcome paperwork is May 14, 2019. Please contact our office if you have any questions (vsa.pty@vanderbilt.edu or 615.322.8261).

Forms to be Completed by Parent/Guardian:

- Permission and Release (Required)
- Authorization and Consent for Medical Treatment of a Minor (Required)
- Media and Data Release (Optional)
- Student Contact Information (Required)
- Student Health History and Disclosure (Required)
- General Health (Required)
- Allergy Information (Required)
- Medication (Required)
- Medication Authorization: Self-Administration of Rescue, Prescription and Nonprescription Medicine (Required)
- Non-Prescription Medication Parent/Guardian Statement (Required)
- Parent Authorization and Release (Required)
- Residential Living and Social, Emotional, Behavioral, and Mental Health (Required)
- Insurance Information (Required)
- Student Photo (Required)
- Parent/Guardian's Statement of General Emotional Health (Required)
- Transportation Information (Required)
- Student and Parent Agreement of Policies (Required)
- Vanderbilt Recreation and Wellness Liability Release Form (Required)

Forms to be Completed by Healthcare Provider:

- Prescription Medication and Rescue Medication Health Care Provider Statement (Required if Applicable)
- Physical's Statement of General Health (Required)
- Mental Health Professional's Statement of General Emotional Health (Required if Applicable)

Parent/Guardian Forms



PERMISSION & RELEASE

Student's Printed Name: _____ **Date of Birth:** _____

My child, the above-named student, desires to voluntarily participate in the Vanderbilt Summer Academy (hereinafter VSA). I expressly and voluntarily assume all risks of this activity on behalf of my child. I recognize that this activity may expose my child to some level of risk of injury. Notwithstanding these risks, I assume them by allowing my child to voluntarily participate in VSA.

Further, I hereby:

- agree that students will be participating in a residential program on the campus of Vanderbilt University (hereinafter VU). As a participant, the student will be supervised by VU staff and reside at Hank Ingram House and Stambaugh House on the Vanderbilt University Commons. Students may also have access to on-campus recreational facilities and activities;
- understand that the activities for the sessions vary but may include the following: classroom instruction, lab experiments, supervised free time, organized recreational and athletic games, board games, free time to play during a break/meal/classroom instruction, and other campus events. For Session III participants only, unsupervised walks off campus are scheduled at designated times and within stated town boundaries. These activities are assumed upon enrollment and participation in VSA is at the risk and request of the student;
- agree that students are charged with knowing and abiding by VSA policies as described in VSA publications or as articulated by VU staff. Students who fail to follow VSA policies may be asked to leave the program. If a student is asked to leave, his or her parent or legal guardian will be contacted. The parent or legal guardian must make immediate arrangements to remove the student from campus at the parent or legal guardian's expense. Students who are asked to leave will not receive a refund of tuition or other fees;
- understand that if VSA Facilities are rendered unsuitable for the operation of the VSA program in part or in full by reason of Force Majeure, VU is released from its obligations. Force Majeure shall mean fire, earthquake, flood, weather, acts of God, strikes, work stoppages, or other labor disturbances, riots or civil commotions, quarantine, criminal activity, accident, sickness, war or any other cause like or unlike any cause mentioned which is beyond the control of the University. Under such circumstances, VU's primary concern is the safety of VSA participants. Accordingly, where VU determines that it is in the best interest of VSA participants to delay or cancel the VSA program, VU staff will issue a timely statement to participants via email and the PTY website to advise of the delay or cancellation. No tuition reimbursements will be given for delays. If a cancellation is announced prior to the program start date, tuition paid may be applied to a future program of the family's choosing, or if preferred, a tuition reimbursement may be issued. In the event of a cancellation during a program, VU may, in its sole discretion, elect to provide partial tuition reimbursements. As is the VSA application policy, the application fee and deposit are nonrefundable. VU is not responsible for, and you hereby release and forever discharge VU from, any expense or cost incurred by you in preparing for or arising or resulting from a delayed or cancelled program, including without limitation, the cost of non-refundable airfare, other transportation, lodging and meal expense and the cost of any additional or alternative arrangement you elect or are required to incur or make as a result of a delayed or cancelled program.
- understand that during VSA, students may participate in off-campus field trips, which may include daytime trips to the downtown courthouse, museums, offsite professional laboratories/plants, or other course-relevant locations. Recreational field trips may include but are not limited to roller/ice skating, bowling, parks, a baseball game, museums, restaurants, trolley rides, on site sports and indoor and outdoor recreational activities, etc. Students who are transported off-campus for activities will travel in vehicles driven by Vanderbilt staff or hired designees, or utilize public transportation with a Vanderbilt staff member. Students who are off-campus will conduct themselves at all times in accordance with VSA policies and will be accompanied by VU staff or hired designees during trips;
- agree that Vanderbilt is not liable for lost, stolen or damaged personal articles. VU is also not liable for any consequences of the student's actions including injury to persons and property, arising during on or off-campus periods, and I accept responsibility for reimbursement either to the injured party or to Vanderbilt for any damages sustained by them due to my child's actions;

- agree that, to the best of my knowledge, the information furnished by or on behalf of the student in connection with the student's participation in VSA is correct and complete;
- give permission for the student to view movies that are rated G - PG 13 while participating in VSA. In addition, I acknowledge that in-class films potentially may include controversial clips of various ratings deemed to be of educational value and consistent with the pedagogical aim of enhancing the student learning experience. I recognize that a VU staff member will approve of these movies before they are shown in the classroom, residence hall, auditorium, or other setting;
- agree that VSA has the right to alter arrangements concerning the location and/or content of the program or travel arrangements if it deems such action is advisable;
- agree that if the student should suffer an injury or illness while participating in VSA or any other activity, I authorize the employees of VU to use their discretion to have my child treated at or transported to the nearest medical facility and I take full responsibility for that action;
- agree to be responsible for any losses (including reasonable fees and court costs) resulting from my child's damage, vandalism, littering, or theft of VU property, property of a University community member or campus visitor, or any other property used during VSA. Furthermore, I agree to indemnify Vanderbilt University for any loss or damage to the premises, facilities, or equipment during VSA.
- understand VU personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children's Service. In addition to external reporting, Vanderbilt has a mandatory internal child abuse reporting procedure. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the program director, or Risk Management (615-936-5935), or report via the Vanderbilt hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.
- agree, in consideration of Vanderbilt University allowing my child to participate in VSA, to hold harmless and indemnify Vanderbilt University and its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my child, in consequence of any accident or injuries on the premises of Vanderbilt or in connection with the activity, except such liability or claim of liability as may result from gross or intentional negligence on the part of Vanderbilt University. Said indemnification shall include, but not be limited to, court costs and attorneys' fees.

I (the undersigned parent/legal guardian) understand and agree to the preceding terms regarding the student's participation in VSA. I certify that the student is capable of participating in VSA and I grant permission for the student to participate in all planned activities.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by me or my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

Parent/Legal Guardian's Signature _____ **Date:** _____

Parent/Legal Guardian's Printed Name _____

*The policies outlined in this document apply for VSA 2019.

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF A MINOR

This form authorizes Vanderbilt University (Vanderbilt) to seek medical treatment for your child in the unlikely event of a serious illness or injury during your child’s participation in Vanderbilt Summer Academy (VSA). Please read it carefully.

I, parent/legal guardian of,

Student’s Printed Name: _____ **Date of Birth:** _____

an un-emancipated minor, who is a participant in VSA, do hereby consent to diagnosis, treatment or medical care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon on the medical staff of the Vanderbilt University Medical Center, Vanderbilt University Children’s Hospital or other licensed medical care providers. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment, or medical care which may be deemed advisable.

In addition, I consent to allow the physicians and staff involved in any such treatment to share medical findings and information regarding this student with VSA staff. I also authorize VSA staff to share information provided about my child with medical personnel for treatment. I further authorize Vanderbilt/VSA staff to provide basic, topical first aid for physical ailments including but not limited to scraped knees or insect bites. Ingestible medicine may be provided either with prior parent permission or request or in an emergency situation as deemed appropriate by medical personnel.

I also understand that VSA does not staff medical professionals. VSA is not responsible for overseeing student medical needs including medicine administration.

I further understand that I am solely responsible for paying all costs associated with any medical care or health documentation needed for participation in, during, and after VSA.

In the event my child is unable to medically continue in the program, I understand that I am responsible for all costs including transportation.

In consideration of Vanderbilt allowing my child to participate in VSA and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to my child as needed, I agree to release and indemnify Vanderbilt, its Trustees, officers, employees, and agents from all liability and responsibility for any claims, demands, actions, or other proceedings for any personal injury, accident damage, expenses, or other loss caused, suffered, or incurred by my child or any other person or entity arising out of my child’s participation in VSA.

By signing below, I acknowledge that I am the parent or legal guardian of the above-named minor and hereby appoint VSA, Vanderbilt to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor in my absence and I authorize VSA, Vanderbilt to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above-named minor. It is understood that this authorization and consent is given in advance of any such medical treatment, but is given to provide authority and power on the part of the VSA, Vanderbilt to exercise of its best judgment upon the advice of any such medical or emergency personnel. I understand that the authorization and consent herein granted are valid only during the program participation period.

Parent/Legal Guardian’s Signature

Parent/Legal Guardian’s Printed Name

Date

MEDIA AND DATA RELEASE

Student's Printed Name: _____ **Date of Birth:** _____

This release is a standard media release used by Vanderbilt University (hereinafter VU) for any person participating in an on-campus program or activity where university staff or designees may take photos and/or record video of the participants. Vanderbilt Summer Academy staff often take photos of students, faculty, assistants, and other staff throughout each session for use in the slideshow, future Programs for Talented Youth (hereinafter PTY) catalogs, on our website or in other media as outlined below. By signing this release, you agree to allow your student to appear in such photos as well as any class, activity, and session photos. You also agree that VU may collect student data for evaluative purposes. Signing is optional.

I authorize VU faculty, staff, the VU Media and Public Relations staff, other VU personnel and third party entities such as newspapers and television stations to make photographs or videos of me and or my child to exhibit, publish, televise, or otherwise show said photographs or videos for educational and related purposes and to permit others to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs or videos.

I further authorize VU to make and publish photographs, videos, or written/audio accounts of me (or my child) in newspapers, magazines, other publications, television, motion pictures, Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs, videos, or written/audio accounts.

I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, or other showing of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televising, or other showing is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged. Often media outlets require that filmed participants names be published. I give permission for my name or my child's name to be given to the media.

I further agree to allow VU to collect and evaluate student data such as surveys, opinions, and coursework for research/evaluative purposes. This information may be published. Students will not be identified by name in research papers and such data will be used to further understanding of teaching, learning, and gifted education.

I understand that any third party contracted through VU may be provided access to student information for purposes of, including, but not limited to, systems management, program analytics, or program evaluation and review. VU releases personally identifiable information only if no alternative or reasonable option is present. VSA does not share or release personally identifiable information for marketing or other purposes.

I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my (or my child's) ability to participate in this activity. I understand that this authorization may be revoked in writing at any time, except to the extent that action already taken in reliance of this authorization.

I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health or other information.

I understand that VU cannot protect me/my child from being photographed, videoed or potentially identified or named on social media sites, by others, including students or their families.

I understand that authorization for use at the individual's request will not expire.

I agree to release, hold harmless and indemnify Vanderbilt University and its representatives against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind that may at any time hereafter be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen uses.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims as defined by the listed agreements. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

Date

**Please note that if that form is not signed, your student cannot appear in any photo taken by our for end of session, celebrations, summer "yearbooks," etc., not will we be able to post any photos of your student to our Facebook, Twitter, Instagram or other social media feeds.*

STUDENT CONTACT INFORMATION

THE FOLLOWING FORMS MUST BE COMPLETED IN ORDER FOR YOUR STUDENT TO ATTEND VSA. All information provided on this form is strictly confidential and will be treated as such by VU staff. We request this information for the safety of each student in the program.

Student's Name: _____ **Date of Birth:** _____

Grade: _____ **Gender:** _____

Home Address: _____ **Mailing Address (if different from home address):** _____

Primary Contact (Parent/Legal Guardian)

Name Phone Email

Name Phone Email

Secondary Contact*

Name Phone Email

**The parent/guardian, the primary contact is the first person we try to reach regarding the student. We attempt to get in touch with the secondary contact if the primary contact is not available.*

Emergency Contact 1**

Name Phone Email

Emergency Contact 2**

Name Phone Email

***In case of an emergency, please list individuals we can contact should the primary and secondary contacts not be available (e.g. family friend, relative, etc.). The emergency contacts should be different from the primary and secondary contacts.*

Authorized Pickup Information

Please list all the individuals who are allowed to pick up the student. We assume primary/secondary and emergency contacts listed above are permitted to pick up the student. For all others, include name, phone number, and relationship to you/the student. Any individual picking up your student must be in our records and will be required to show a valid photo ID.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Legal Alerts

List all information, such as legal custody, restraining orders, or other legal agreements that impact the student's safety at VSA:

STUDENT HEALTH HISTORY & DISCLOSURE

Student's Printed Name: _____ **Date of Birth:** _____

Please complete all information about your child's mental and physical health. Separate forms indicating Consent to Treat and Statements of General Health are also required for submission before a student is eligible to attend the program. Some of the forms may be completed by the parent while others require a physician's signature for prescription and vaccination information, so please make sure you look over this paperwork well in advance of the deadlines and schedule any doctor appointments necessary as early as possible. Additional information about student health policies may be found in the Student Handbook which is linked within the Welcome Paperwork email you received and also located at pty.vanderbilt.edu/students/vsa/admitted.

At Vanderbilt Programs for Talented Youth we seek to provide a quality academic and social program that supports the needs of gifted students and allows them to engage with peers, college student mentors, and instructors as part of a vibrant academic college community. We ask several questions, many of which may not be pertinent, to ensure that we have appropriate knowledge of each student so that all program participants are actively engaged in a larger academic and residential community that encourages one another and promotes safety, security, and efficacy for all involved.

The information provided on these forms may be shared with VU employees (including full time VSA staff, proctors, instructors, teaching assistants), third party medical staff and others who need this information in order to successfully work with your child. We request this information for the health and safety of each student in our program. Failure to disclose the requested information may result in your child being dismissed from VSA without refund and more importantly could hinder making the best decision regarding the well-being of your student or others in the program.

Medical Contacts

Student's Physician: _____ Office Phone: _____

Student's Orthodontist (if applicable): _____ Office Phone: _____

Student's Dentist: _____ Office Phone: _____

Psychiatrist/Counselor/Psychologist (if applicable): _____

Office Phone: _____

Other: Physician Specialty: _____ Name: _____ Office Phone: _____

Other: Physician Specialty: _____ Name: _____ Office Phone: _____

Other: Physician Specialty: _____ Name: _____ Office Phone: _____

GENERAL HEALTH

This section focuses on your child’s overall physical health. In addition to the information provided here a **Physician’s Statement of General Health form** is included in this packet to be completed by your physician. **Students must be independent in their daily health care.** Students in the program should not have medical conditions requiring daily ongoing monitoring or day-by-day management by someone other than the student.

Student’s Name _____ Date of Birth _____

Does the student have any chronic health concerns that would impact his/her full participation in the program?

- Yes No

If yes, check all that apply to your student:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Encopresis | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures Disorder/Epilepsy | <input type="checkbox"/> Menstrual Cramps/PMS/Other associated symptoms |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Addiction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Endocrine Disorder | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Other: _____ |

Please explain any marked items, including the impact of the concern on full participation in athletic events, group activities, collaboration with others in a residential environment, and classroom learning during VSA:

Please list and explain any other condition that may require special care or restriction of activities for medical reasons. You do not need to include restrictions related to allergies. There is another section for allergy information and restrictions.

Mark “YES” or “NO” to the following statements. Explain as indicated.

- Yes No Has this child had surgery or been hospitalized within the past 12 months?

If yes, explain the nature of the surgery or hospitalization and any potential effects for programming:

- Yes No Does this child have dietary restrictions for non-medical reasons? (Ex: vegetarian, Kosher, halal, etc.?)

If yes, please explain the restrictions.

Yes No Has your child traveled outside of the country in the past 9 months?

If yes, please share when they traveled and where they traveled.

Yes No Has your child had mononucleosis (“mono”) during the past 12 months?

If yes, please explain when, as well as extent and length of symptoms.

Yes No Has your child ever passed out/complained of extreme chest pain during exercise?

If yes, please explain when, as well as extent and length of symptoms.

Yes No Will this child be bringing any special equipment or devices for mobility or daily functioning (e.g., wheelchair, walker, cane, crutches, hearing aid, braille tablet, etc.)? **Note:** Students who use special equipment (e.g., hearing aids, walker) during the school year should expect to continue using the same equipment at VSA.

If yes, explain any accommodations necessary to navigate campus or the learning and residential environment:

Yes No Are there any disabilities or physical health concerns that would prevent your child from participating in VSA without reasonable accommodations? (Note: You will be asked about mental health in a separate document.)

If yes, explain briefly and also call Vanderbilt Programs for Talented Youth main office at 615-322-8261 as soon as possible to discuss reasonable accommodations:

Vanderbilt Programs for Talented Youth partners with Student Access Services. Together we can facilitate the submission and processing and determination of your request for a reasonable accommodation.

Reasonable accommodations, consistent with the requirements of the Americans with Disabilities Act may be requested to support participation of children with disabilities at VSA. Reasonable accommodations are often possible for children with disabilities who wish to participate, so long as the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others.

Reasonable accommodation determinations are made on a case by case basis and such requests should be made or as soon as possible after acceptance into VSA to allow sufficient time for consideration and implementation. It can take up to a month for determinations to be made. Delaying the submission of a request for reasonable accommodation may reduce or limit VSA's ability to implement the accommodation.

Note: Students who use special equipment (e.g., hearing aids, walker) during the school year should expect to continue using the same equipment at VSA.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

Date

ALLERGY INFORMATION

Please review the following items. Check the line and provide explanations where applicable.

1. Does this student have any food allergies? Yes No

If yes, please list and explain foods or ingredients that cause negative reactions.

Does the food allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

2. Is this student allergic to any medications or medication ingredients (OTC or prescription)? Yes No

If yes, please list and explain medications or ingredients that cause negative reactions.

Does the medication allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

3. Does the student have other significant allergies not already managed or disclosed? Yes No

If yes, please list and explain the other allergies that cause negative reactions.

Does the allergy cause anaphylaxis or other immediate reactions? Yes No

If yes, describe the reaction and what is done to manage.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

Date

MEDICATION

This section asks you about your child's medication needs while at VSA. Before answering questions, please review our medication policies:

- Vanderbilt Summer Academy is unable to administer medications or injections; students must be self-sufficient regarding all ongoing medical care.
- For the health and safety of our students, all prescription medications, with the exception of rescue medications and birth control, must be checked in with VSA staff and will be stored in a secure cabinet in the VSA office.
- Upon arrival at VSA, all prescription medications (excluding birth control), should be turned into the VSA office. Upon program conclusions medications will be given back to the student or other authorized individuals.
- All medications must arrive in appropriately labeled and original containers.
- Students must bring enough of each medication to last the entire session.
- All medications should be described in this welcome paperwork. The self-administration of any prescription medication during VSA requires the written authorization of a licensed health care provider and the student's parent/legal guardian.
- The self-administration or provision of any nonprescription/over the counter (OTC) medication during VSA requires written authorization from a student's parent/legal guardian. VSA stocks a variety of OTC medications.
- It is the responsibility of the student to come to the VSA office at the correct time to obtain his or her medications, as prescribed. VSA does not monitor or administer medication.
- When a student comes to the office to take their medication, a VSA staff member, will hand the student their medication bag from a locked cabinet. It is the student's responsibility to check that they have been given the correct medication and to deliver the correct doses of their medication. VSA staff members will not administer or monitor the student taking the medication. The student will hand the medication back to the VSA staff member, and the staff member, along with the student will log the medication that the student took. If the student is planning to be on a field trip when medication is needed, the student should check in with the office before leaving for the field trip to see make arrangements for a staff member on the trip to carry the medication. The student will then go to the staff member at the correct time. The staff member will log the medication that the student took while on the trip.
- It is not VSA staff member's responsibility to follow up with students who do not come to the office to self-administer their own medication
- Emergency rescue medications, such as inhalers, EpiPens, are to be kept with the student. Students may also keep on their person any OTC medications they need or take on a regular basis (i.e., Ibuprofen, Claritin as well as birth control medication) with the understanding that they do not share the medicine with others and with parent signature that the child understands and can safely self-administer medication in appropriate dosage. Parents may request that OTC/birth control medications be kept in the VSA office on the "Non-Prescription Medication Parent/Guardian Statement."
- Students taking medications for psychiatric reasons should be on a stable medication regime, ideally having been on the same medications(s) at the same dose for the three months prior to a student's arrival to VSA.
- If students were taking medications during the school year so they may thrive in a learning environment (i.e., Ritalin) it is suggested that they remain on the same medications during VSA, pending physician recommendations.
- Vanderbilt Summer Academy does not employ full time medical personnel. A nurse works with VSA staff to review health records and may contact parents or medical personnel prior to VSA about reported concerns. A nurse is also available on check in day to support medication collection, proper storage and to answer any questions.
- OTC medications are available for purchase in local campus stores and at convenient stores within campus boundaries. VSA also does not monitor the purchasing or use of OTC medications obtained by the student.
- Vanderbilt Summer Academy is not responsible for missed or incorrect doses. We are a repository for the safe-keeping of medication only.

I have read the Medication information agree to the policies and procedures stated therein.

Parent/Legal Guardian's Signature _____ **Date:** _____

Parent/Legal Guardian's Printed Name _____

MEDICATION AUTHORIZATION: SELF-ADMINISTRATION OF RESCUE, PRESCRIPTION, AND NONPRESCRIPTION MEDICINE

VSA staff members will not administer or assist in the administration of any medications, except student provided rescue medications, such as epinephrine devices, in emergency situations. Also note that VSA does not employ medical professional personnel on a consistent basis.

The self-administration of any prescription medication during VSA requires the written authorization of a licensed health care provider and the student’s parent/legal guardian.

Participant Name _____ Date of Birth _____ / _____ / _____
 Last First Middle

Please check all applicable boxes.

Yes, my child will be carrying prescription medication and/or a rescue medication (inhaler, epinephrine device, etc.) to VSA. Please mark the applicable box(es) below and indicate the specific type(s) of medication that your child will carry. Follow the instructions for each applicable box checked.

My child will be carrying a rescue medication(s).

Please list the specific name(s) of the rescue medications that your child will be carrying to VSA:

- _____
- _____
- _____
- _____

Please ask your health care provider to complete the Health Care Provider Statement for the rescue medication(s) listed above. As the parent, please complete the Parent Authorization and Release document.

My child will be taking a prescription medication(s) (that is not a rescue medication) during VSA.

Please list the specific name(s) of the prescription medication(s) that your child will be carrying to VSA:

- _____
- _____
- _____
- _____

Please ask your health care provider to complete the Health Care Provider Statement for the prescription medication(s) to be brought to VSA, stored by VSA, and administered by the student. As the parent/guardian, please complete the Parent Authorization and Release document.

No, my child does not need to take any medication prescription medication or carry any rescue medications at VSA.

My child may need to take a nonprescription medication(s) during VSA.

As a parent/legal guardian, please fill out the Non-Prescription Medication Parent/Guardian Statement and the Parent Authorization and Release document.

Note: All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to VSA under the condition that the student can self-manage care and delivery of medication. Prescription medication must be in its original container labeled with the minor’s name, medication name, dosage, and time/frequency of administration. All prescription medication will be turned into the office and stored in the office. Students will self-administer. See “Medication” section for specific information about storing and administering medication. Likewise, nonprescription over-the-counter medication must be in its original packaging and kept in a clearly marked and sealed bag with the student’s name. Nonprescription medication may be stored in the VSA office or by the student, depending on what the parent elects in on the Non-Prescription Medication Parent/Guardian Statement. Students will self-administer nonprescription medications. Rescue medications may be kept by the student and are expected to be administered by the child except in the rare instances when the child is unable to administer the medications independently and needs assistance.

Parent/Legal Guardian’s Signature

Date

NON-PRESCRIPTION MEDICATION PARENT/GUARDIAN STATEMENT

VSA stocks several OTC medications in the VSA office for general distribution for minor ailments. Note that these medications will be dispensed as requested by the student and as directed on the medication container unless otherwise specified in writing. Below is a list of example medications that are stocked.

Participant Name _____ Date of Birth _____ / _____ / _____
Last First Middle

Acetaminophen (Tylenol) Phenylephrine decongestant (Sudafed PE) Antihistamine/allergy medicine Diphenhydramine antihistamine/allergy medicine (Benadryl) Sore throat spray Calamine lotion Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin) Dextromethorphan cough syrup (Robitussin DM) Generic cough drops Antibiotic cream Aloe
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Please list on the Prohibited OTC Medication chart any OTC medications (listed above or not listed) that your student is NOT permitted to request or take and why. (Note that you will be able to explain additional student allergies in the next section of this paperwork.). It is understood that if not listed below, any of the medications listed above (or similar name brands/generic versions) can be provided to your student, if needed. The student will self-administer these medications.

Prohibited OTC Medications	
Prohibited OTC Medications	Reason/Effect
Example: Aspirin (may take Ibuprofen but not aspirin)	Nausea and irritated stomach

Does your student take any OTC medications on a regular basis (i.e., more than once a week)?

Yes If yes, complete the OTC Medication chart for all OTC medications your child consistently takes, including the dosage. By checking yes you also are affirming that the child can self-administer the medication listed below. Your child may bring their own OTC medications and keep them on their person with the assurance of self-managed care as outlined in the *Parent Authorization and Release of Administration of Medication Form*.

No If you check no, you do not need to complete the table below.

OTC Medication Chart					
Medication Name	Dosage	Condition/Symptom	Specific Directions	Frequency of Administration	Expected Side Effects
<i>Example: Claritin for Allergies</i>	<i>400mg</i>	<i>Allergic to Grass and Ragweed</i>	<i>With food</i>	<i>3 x a day or as needed when outside for long periods of time</i>	<i>Nausea if not taken with food</i>

If you prefer that VSA keep your child’s OTC medication in the VSA office, please check the following box and agree to meet with the nurse or designee on check-in day:

- Yes, I prefer that VSA keep, in their office, all OTC medications my child may bring to VSA. I will bring the medications in their original package and deliver them to the nurse or designee upon check-in. I understand that it is my responsibility to initiate this process and provide VSA with the OTC medications when my child arrives on campus.
- No, I prefer that my student keep OTC medications on their person.

I hereby affirm that the student has been instructed in the proper self-administration and proper use and misuse of the above-described medication or I have explained if the student is unable to self-manage care. I understand that a VSA staff member may follow up with the parent/guardian to determine next steps or ask questions if needed.

Parent/Guardian Signature

Date

PARENT AUTHORIZATION AND RELEASE
(TO BE COMPLETED IF YOU CHILD WILL HAVE PRESCRIPTION, NONPRESCRIPTION, OR RESCUE
MEDICATIONS AT VSA)

Participant Name _____ Date of Birth _____ / _____ / _____
Last First Middle

I hereby authorize and recommend my above-named child to self-administer all medications outlined in the Medical Authorization form and detailed in either the Health Care Provider Statement(s) or Nonprescription Medication section of the welcome paperwork. I also authorize that my child can request Over the Counter (OTC) medications or be offered OTC medications as necessary for minor scrapes, headaches, cramps, stomachaches, allergies, cold symptoms, and the like unless otherwise specified under the OTC medicine section of this document.

I affirm that my child can self-manage care for all prescription, non-prescription, and rescue medications, unless otherwise indicated on the Health Care Provider Statement or the Nonprescription Medication section of this document. Self-managed care means that the student will arrive at the VSA office, at the correct time to take the appropriate medication dosage, with the exception of rescue medications (which are to be kept on their person) without assistance. Self-managed care also means that the child has knowledge about not sharing medication with others, abusing medication, or leaving medication unattended and in the reach of other students – whether rescue medications, OTC medicines they may keep on their person, and prescription medications. I also affirm that my child has been instructed in the proper self-administration of all OTC, prescription and rescue medications by his/her health care provider. I acknowledge that it may be necessary in certain emergency situations that my child’s rescue medication be administered by an individual on staff other than medical personnel and specifically consent to such practices. I have read and understand the VSA policies outlined in the Medication section of this document and acknowledge that VSA is not responsible for missed or incorrect doses and that VSA staff are not responsible for monitoring student purchases of OTC medications on and off campus.

I further acknowledge and agree that Vanderbilt University (Vanderbilt), its trustees, officers, employees and agents shall not be held liable for any illness or injury resulting from my child's possession and/or administration of the above described medication while participating in programs through Vanderbilt Programs for Talented Youth. I shall indemnify and hold harmless Vanderbilt, its trustees, officers, employees and agents from and against all claims, damages, causes of action or injuries, including reasonable attorney’s fees and costs expended in defense thereof arising out of, incurred or resulting from the possession and/or self-administration of the above described medication by my child.

Parent/Legal Guardian’s Signature:

Parent/Legal Guardian’s Printed Name:

Date: _____

RESIDENTIAL LIVING AND SOCIAL, EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH

This section asks about the student's social, emotional, behavioral, and mental health and his/her ability to live, work, study, and play with other like academic peers in a residential college environment. We request this information, so that the VU staff can best serve the needs of your student. The more complete the picture, the better we can assess a situation in the unlikely event that one does arise.

Participant Name _____ Date of Birth _____ / _____ / _____
Last First Middle

Yes No Are there any mental health concerns that would prevent your child from participating fully in VSA without reasonable accommodations?

If yes, explain briefly and also call Vanderbilt Programs for Talented Youth main office at 615-322-8261 as soon as possible to discuss reasonable accommodations:

Vanderbilt Programs for Talented Youth partners with the Student Access Services. Together we can facilitate the submission and processing and determination of your request for a reasonable accommodation.

Reasonable accommodations, consistent with the requirements of the Americans with Disabilities Act may be requested to support participation of children with disabilities in VSA. Reasonable accommodations are often possible for children with disabilities who wish to participate, so long as the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others.

Reasonable accommodation determinations are made on a case by case basis and such requests should be made or as soon as possible after acceptance into VSA to allow sufficient time for consideration and implementation. It can take up to a month for determinations to be made. Delaying the submission of a request for reasonable accommodation may reduce or limit VSA's ability to implement the accommodation.

Circle "YES" or "NO" for each statement and provide information as requested.

Yes No Has the student faced a significant event that continues to impact the student's daily life?

If yes, please provide written information about the event – death of a loved one, divorce, new sibling, family change – its impact on the student's life, and important information for VSA staff as they work with your child:

Yes No During the past academic year, this student has seen or is currently seeing a professional to address mental/emotional/social concerns.

(If yes, specify the nature of the concern and other pertinent information for VSA staff to be aware of):

Yes No This student has a psychiatric diagnosis such as, but not limited to, depression, OCD, ODD, Panic/Anxiety Disorder, ADHD, Autism Spectrum Disorder, bipolar, other.

If yes, please specify and explain treatment:

If yes, please explain any strategies that may be helpful in managing this at VSA:

Yes No Are there any issues that that could potentially affect the students' social or academic success while participating in VSA (e.g., learning disabilities, extreme shyness, acute homesickness).

If yes, please explain and specify tips/interventions:

Yes No Are there any issues that could affect living at ease with a roommate? (Such issues could include, but are not limited to: sleep disorders, non-traditional gender identity, extreme sleep-walking, sleep-talking, bedwetting, chronic cough, excessive snoring, night terrors.)

If yes, please explain the extent of the living arrangement concern and its potential impact on a roommate:

VSA, as part of Vanderbilt University is committed to working with all students/participants to meet their housing needs in a community that values diversity and promotes dignity of all. In complying with applicable laws and in pursuing its own equal opportunity goals as expressed in its nondiscrimination policy, VU does not discriminate on the basis of race, sex, sexual orientation, gender identity, gender expression, religion, color, national or ethnic origin, age, disability, military service, or genetic information in employment, education, and all other programs and activities. VSA understands that all individual needs are varied and has a sincere desire to provide a welcoming living arrangement for all participating students. Students who would like individual consideration regarding VSA housing assignments due to gender identity/expression, please contact Director, Vanderbilt Summer Academy, Mark Shivers at mark.m.shivers@vanderbilt.edu.

Parent/Guardian Signature

Date

INSURANCE INFORMATION

Parents/Guardians are financially responsible for healthcare costs. All students must have health insurance during their time at VSA.

Insurance Carrier or Plan Name:	
Carrier Phone Number:	
Policy Holder's ID Number:	
Group Number:	
Name of insured:	
Relationship to Student:	

Attach a copy of your current insurance card

Front of Insurance Card	Back of Insurance Card

Please photocopy and attach the front and back of your insurance card.

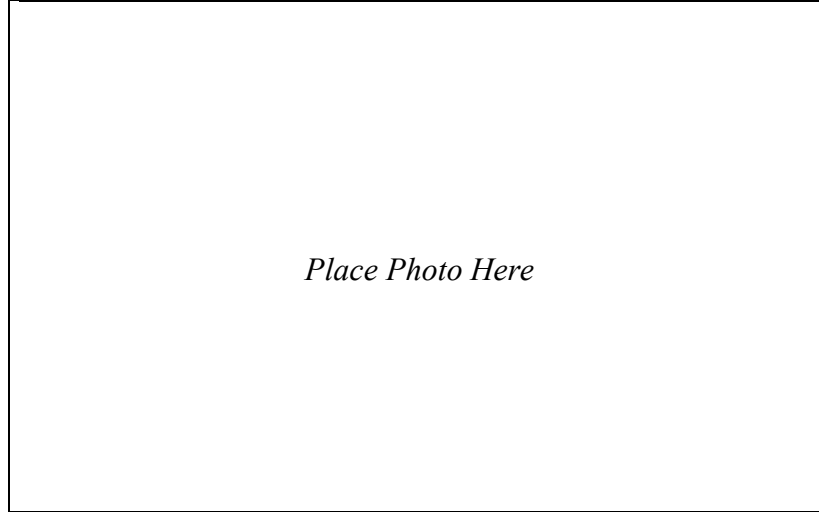
I affirm that all information given is complete and accurate and I understand that I am responsible for medical payments incurred while my child is attending VSA.

Parent/Guardian Signature

Date

STUDENT PHOTO

Please attach a recent headshot of your student. This photo will *only* be seen by PTY staff to help us learn names and to identify students quickly should the need arise.



PARENT/GUARDIAN'S STATEMENT OF GENERAL EMOTIONAL HEALTH

Vanderbilt Summer Academy understands that working in an accelerated environment away from home can be rewarding and life-changing. For some students, the challenging academic environment and time away from home can also heighten some social, emotional, or behavioral issues currently or previously present. If your student does see a mental health professional or has in the recent past, we do advise that you check in with that individual for guidance or suggested strategies that might prove helpful during VSA participation. You may ask the mental health care provider to complete the Mental Health Profession's Statement of General Health form, recognizing always that the more information we have about your student, the better able we are to support him or her.

Please check the applicable box below.

Student's Printed Name

Date of Birth

Please check the option that applies:

- My child sees a mental health professional on a regular basis, and I have asked the mental health professional to complete The Mental Health Profession's Statement of General Health.
- The Mental Health Profession's Statement of General Health is not pertinent to my child's situation. My child has no social, emotional, or behavioral issues that necessitate involving a mental health professional statement. **OR** My child sees a mental health professional on an as needed basis only and as such the mental health professional may not be able to comment on my child's most recent status.

Parent/Legal Guardian's Signature _____

Date _____

TRANSPORTATION INFORMATION

See "Traveling to Vanderbilt" section of Student Handbook for more information on traveling to/from VSA.

Student Name: _____ Date of Birth: ____/____/____

Vanderbilt cannot assume responsibility nor provide housing, meals, transportation, or supervision for students arriving before or departing after the listed program dates and established arrival and departure times. I further understand and acknowledge that I have full responsibility for my child prior to the arrival and subsequent to the departure dates and times. Departure and arrival are defined as the time when the student is signed in/out of the program by a parent/guardian or dropped off or picked up from the airport by VSA staff.

By signing below I acknowledge that I have read the information below and the information provided in the VSA handbook and I understand my responsibility for my child's supervision before and after the established program date times and windows.

Parent/Guardian Signature

Date

Contact phone numbers on travel days:

Parent/Legal Guardian Cell Phone: _____

Parent/Legal Guardian Cell Phone: _____

Student Cell Phone (if applicable): _____

Please indicate how you plan for your student to arrive to VSA:

- A parent/guardian will be driving the VSA student to campus.
- A family member or other authorized adult will be driving the VSA student to campus.
- The student will be flying into VSA, accompanied by a parent/guardian.
- The student will be flying into VSA alone.
- Other*: _____

**Please note that students are not permitted to drive themselves to campus. VSA is unable to provide parking spots for VSA students. Students are also not permitted to take ride shares services without adult supervision to campus including, but not limited to, Uber and Lyft. Please note that VSA only permits a student to be checked in by an authorized adult or a pre-arranged airport arrival to take the VSA shuttle.*

Please indicate how you plan for your student to depart from VSA:

- A parent/guardian will be picking up a VSA student by car.
- A family member or other authorized adult will be picking up a VSA student by car.
- The student will be flying home, accompanied by a parent/guardian.
- The student will be flying home alone.
- Other*: _____

**Please note that VSA only permits a student to be checked out by an authorized adult or dropped off at the airport via the VSA shuttle as directed by the family.*

Check-In and Check-Out Times:

Check-In: VSA check-in is from 3:00 – 5:00 PM CST on the first Sunday of each session. Note that students will not receive the key to their rooms until official check-in begins at 3:00 PM CST. Due to VSA program commencement, student arrivals after 4:00

PM CST are strongly discouraged. For those students traveling alone by air, please see the airport arrival and dismissal section for specific information on scheduling your flight to and from VSA.

Check-Out: Check-out times vary by session.

Session 1: June 14, 2019 from 1:00PM to 3:00PM CST

Session 2: June 28, 2019 from 9AM to Noon CST

Session 3: July 26, 2019 from 9AM to Noon CST

All students must have completed the check-out process, including turning in their room key and access card, by the close of the check-out window for their applicable session. VSA cannot accommodate students after the check-out window has ended. Please make sure to plan accordingly.

Driving Information:

Please see the student handbook for an overview of driving directions to campus. Additional, more detailed driving information and directions will be emailed before the start of the session

Airport Information for Students Traveling By Air with Family/Guardians:

Families flying into Nashville, should fly into BNA airport. VSA does not provide shuttle services for families traveling from the airport to VSA. Families should arrange transportation to and from Vanderbilt campus. BNA airport is located approximately 20 minutes from Vanderbilt if there is no traffic.

Airport Information for Students Traveling Alone By Air:

Student flying into Nashville alone, should fly into BNA airport.

Shuttle Information To/From Campus:

For students traveling alone to Nashville by air, VSA requires students to take a VSA shuttle from the airport to VSA. The VSA shuttle from BNA to VSA is \$25 for arrival. If students will be flying out of Nashville alone from VSA, they are required to also take the VSA shuttle for an additional \$25, \$50 round trip. BNA airport is located approximately 20 minutes from Vanderbilt if there is no traffic.

Arrival and Departure from VSA:

Arrival: VSA's required shuttle service at the airport will begin at noon CST on check-in day. Please schedule a flight that arrives in Nashville between 11:00AM and 4:00PM CST. A VSA staff member will be present at BNA's baggage claim area to greet all students to Nashville! Additional information, including logistics for meeting up with the VSA staff member, the name of the VSA staff who will be greeting the student, and contact information for day-of correspondence, will be emailed closer to the start of the program. Note that students will not receive the keys to their rooms until official check-in begins at 3:00 PM CST. Students arriving to campus by shuttle earlier than 3:00 PM CST will be fully supervised in a waiting area on campus with games and movies until check-in officially begins.

Departure: Students flying alone out of Nashville are required to take the VSA shuttle to BNA on check-out day during the set hours of the shuttle service. Please schedule your student's departing flights within the window below:

For Session I: 1:00 PM to 4:00 CST

For Sessions II & III: 8:00 AM to 1:00 PM

Please contact the VSA office (615.322.8261) before booking the flight if the departure time is outside the windows listed.

Wait-time at the Airport:

VSA staff work with families in an attempt to minimize the amount of time that a student must wait at the airport for arrival and departure. Upon arrival, VSA attempts to always have a VSA staff member present in the baggage claim area during the airport arrival window (11:00AM and 4:00PM CST) to greet students and wait with students for the VSA shuttle. A VSA

shuttle departs approximately every hour from the airport, so the typical wait-time in the airport for students arriving is usually less than an hour. If a student arrives outside of the airport arrival window, VSA staff work with the family to arrange an alternative time for VSA transportation from the airport, which is usually able to be provided within an hour of landing time if there is advanced notice.

For departures from campus, VSA works with students and families in an attempt to minimize wait-time while also allowing for enough time for students to check luggage and go through security. Students traveling within the United States will be shuttled to the airport so that they typically arrive a minimum of an hour before their flight (and a maximum of two and half hours). Students traveling outside of the United States will typically arrive to the airport a minimum of 2 hours before their flight departure (and a maximum of three and half hours).

“Unaccompanied Minor” (“UM”) status:

Airlines have varying policies and age-limits on this official status. Check with your airline to determine whether or not they will require “UM” status for your student. Fees and restrictions often apply and could cause delays at travel times if a required fee is unpaid. These fees are the responsibility of families. **UM travelers should schedule their departing flight from Nashville as early in our check-out window as possible. According to airline policies UM travelers SHOULD NOT book a final flight of the day.** Please see the VSA handbook for more information about UM status.

Cancelled/Delayed Flights:

If flights have been delayed, missed, or cancelled on the way to VSA, please notify the VSA office immediately of the change so that we can make the necessary arrangements.

Once a student has signed out of VSA to be shuttled to the airport on a VSA shuttle, it is understood that after arriving to the airport the student is presumed under the care of the parent or guardian and not under the care of VSA. However, we understand that flight disturbances can occur. Please contact the VSA office should your child experience a flight cancellation or significant delay when attempting to leave Nashville. We are happy to brainstorm alternative options to support your student.

Flight Information:

Arrival Information:

Airline _____ Flight # _____

Arrival Time at BNA: _____ Confirmation # _____

Does the airline classify your student as an "Unaccompanied Minor"? Y N

Departure Information:

Airline _____ Flight # _____

Departure Time at BNA: _____ Confirmation # _____

Does the airline classify your student as an "Unaccompanied Minor"? Y N

Additional affirmation from parents of students flying to VSA alone:

I agree to contact the VSA office immediately if there are any changes to my student’s arrival and/or departure time, including day of changes because of cancelled, missed, or significantly delayed flights. After departing from VSA and flying out of BNA, it is understood that an authorized adult will be meeting the child upon arrival to their next destination. I understand that my child is under my supervision until connecting with a VSA staff member upon arrival to the airport and again after entering the airport upon conclusion of VSA.

Parent/Guardian Signature

Date

STUDENT & PARENT AGREEMENT OF POLICIES

I have read the Vanderbilt Summer Academy Student Handbook linked within the Welcome Paperwork email and also located at pty.vanderbilt.edu/students/vsa/admitted in its entirety and agree to abide by the policies and procedures stated therein. Furthermore, I understand that any behavior/actions that negatively impact or have the potential to negatively impact the VSA community as outlined in the Student Handbook can be grounds for immediate dismissal without refund of tuition paid or reimbursement of any costs, such as transportation expenses, in accordance with VSA policies and at the discretion of the VSA Director in conjunction with PTY leadership.

Student's Printed Name: _____

Student's Signature: _____ Date: _____

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

**The policies outlined in this document apply for VSA 2019.



VANDERBILT

RECREATION & WELLNESS

LIABILITY RELEASE FORM

This Release must be completed by any first-time user of the Vanderbilt Recreation and Wellness Center (REC) or any other University athletic venue, and any participant in activities or programs conducted by the REC.

- Vanderbilt University (“Vanderbilt”) offers the use of the Vanderbilt Recreation and Wellness Center, including use of its indoor and outdoor facilities and participation in its organized activities and classes (collectively, use of the “REC”), to and for the benefit of its students, university employees, alumni, community, visitors, organizations, companies and families.
- I, the undersigned, desire to voluntarily use the REC and agree to pay any applicable fees for my use of the REC.
- I represent that I am knowledgeable of the types of activities, including those which could be considered high risk, at the REC and the inherent risks of personal injury, including the possibility of death, or property damage to myself and to others associated with use of the REC. Notwithstanding the inherent risks, I wish to assume them by voluntarily using the REC.
- I understand and agree that Vanderbilt accepts no responsibility for my acts or the acts of others while I am using the REC. I further acknowledge that, to the best of my knowledge, information, and belief, I am physically able to engage in this activity without any undue or unusual risk to myself or others. I acknowledge that Vanderbilt has recommended that I consult with, and have a physical examination conducted by, a physician before I engage in this activity.
- I permit the REC to use images of me as a participant in internal and external promotional material. This includes any printed material, print advertising, and images used on Vanderbilt University websites. I understand my name will not be published without my consent. I further grant and convey unto Vanderbilt all right, title and interest in any and to all photographic images and video or audio recordings and all copies thereto made by Vanderbilt during use of the REC, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or records.
- In consideration of Vanderbilt offering this opportunity and allowing me to use the REC, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby release, relieve, discharge, and hold harmless Vanderbilt, its officers, trustees, employees, and representatives from any and all liability or claims of liability, whether personal injury, property damage, or otherwise, arising out of or in connection with my use of the REC or any travel associated with my use of the REC. I recognize that this Release means I am giving up the right to sue or file a claim against Vanderbilt for injuries, damages, or losses I may incur from my use of the REC. I also understand that this Release binds me and my heirs, executors, administrators and assigns.
- I agree to use standard precautions at all times during my use of the REC. I authorize the employees of Vanderbilt University to use their discretion to transport or to have me transported to an appropriate healthcare facility, and I hereby give consent to the employees of Vanderbilt University to have me treated at any medical facility. I take full responsibility for that action. I also acknowledge that any medical treatment I receive will be my financial responsibility and not that of Vanderbilt University.
- I understand that Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children's Services. In addition to external reporting, Vanderbilt has a mandatory internal child abuse reporting procedure. If I have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, I will consult the REC director, or Risk Management (615-936-5935), or report via the Vanderbilt Compliance Hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004. I understand that persons who report in good faith are immune from civil and criminal liability for reporting.
- I agree to adhere to any and all rules and policies of Vanderbilt University and the REC, and acknowledge that my failure to adhere to these rules and policies may result in my permanent expulsion from the REC and its activities.

By signing below, I acknowledge that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from my use of the REC.

Since the Participant is not 18 years of age or older, this Release must be signed by a parent or legal guardian. If a participant turns 18 years of age after signing this Release, the participant must notify Vanderbilt and sign a new Release. As to any participant, this Release shall be valid until specifically retracted in writing and delivered to Vanderbilt.

I represent that I have the legal capacity and authority to act on behalf of the minor child named herein. By my signature, I hereby acknowledge that I have read this Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from my minor child's use of the REC. I acknowledge that Vanderbilt will not permit minor children to participate in club sports unless enrolled as Vanderbilt students.

Participant's Name (please print)

Date of Birth:

Parent/Guardian's Name

Parent/Guardian Signature

Date:

—

Health Care Provider Forms

PRESCRIPTION MEDICATION AND RESCUE MEDICATION HEALTH CARE PROVIDER STATEMENT

Please Note: This form needs to be completed by a health care provider to indicate all prescription and/or rescue medication listed on the Medication Authorization form that might be taken while the student is at VSA. All Health Care Provider Statements must be completed by a physician with the authority to initiate prescriptions. All medications are carried by the student (except as needed for special storage requirements such as refrigeration) and the student will self-administer the intended dose at the required time.

Participant Name _____ Date of Birth _____ /
 _____ / _____
Last *First* *Middle Initial*

Medication Name	Dosage & Frequency	Condition/Symptom	Specific Directions/Times for Administration	Expected Side Effects
<i>Example: Prilosec</i>	<i>20mg 1x per day</i>	<i>Heartburn/GERD</i>	<i>Taken before eating</i>	<i>Fever, cold symptoms, headache</i>

Do any of the medications listed above have special storage requirements? Yes No

If yes, please explain.

Is the participant capable of self-managed care outside of emergency situations (e.g. anaphylaxis, diabetic shock)? Self-managed care means that the student will report to the VSA office without reminder, at the correct time, to take the medication without assistance. This also includes knowledge about not sharing medication with others or leaving medication unattended and in the reach of other students.

Yes By checking yes you are affirming that the child can self-administer the medication listed on this form except in emergency situations with rescue medications.

No If no, explain why and what is needed: If yes, please explain and specify tips/interventions:

I hereby affirm that the student has been instructed in the proper self-administration of the above-described medication or I have explained if the student is unable to self-manage care. I understand that a VSA staff member may follow up with the prescriber or parent/guardian to determine next steps or ask questions if needed.

Physician/Prescriber's Signature _____

Physician/Prescriber's Printed Name _____ Date: _____

**PHYSICIAN'S STATEMENT OF GENERAL HEALTH
(Required for all participating students)**

Please have the **student's physician's office complete this form, including the immunization record**. Completed form should be returned to PTY with the student's other Welcome Packet materials. This form is required by Vanderbilt University for all individuals participating in an on-campus, residential program.

Re: _____
Student's Printed Name and Birth Date

I understand that the above-named student has been accepted to attend the Vanderbilt Summer Academy (VSA), an intensive, summer residential program for academically talented youth during which participants attend classes, participate in sports and other recreational activities, and live in a residence hall with other students. To the best of my knowledge, this student has no chronic condition that would prohibit him or her from participating fully in VSA, and I have no reason to counsel otherwise.

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____

Physician notes, if needed:

Immunization Information

Please complete all areas in the table below, recording the dates of immunizations or attaching the student's immunization record.

Required:

Vaccine		#1 (month/year)	#2 (month/year)	#3 (month/year)
Varicella disease (2 shots)	Check here for Chicken Pox <input type="checkbox"/> Date: _____			
Measles, Mumps, Rubella (2 shots)				
Meningococcal Vaccine* (Age 12 or older)				
Tdap Booster (Rising 7 th grade and older)				
Hepatitis B (3 shots)				

Recommended (but not required):

Vaccine	#1 (month/year)	#2 (month/year)
Hepatitis A (2 shots)		

*The American Pediatrics Association recommends that all students age 12 and above receive the Meningococcal vaccine. This is essential for residential living but may be waived if the student is under 12 years of age.

**MENTAL HEALTH PROFESSIONAL'S
STATEMENT OF GENERAL EMOTIONAL HEALTH**

Dear Mental Health Profession,

_____ (_____)
Student Name Date of Birth

has been accepted to participate in Vanderbilt Summer Academy (VSA), VSA is an accelerated academic experience on the campus of Vanderbilt University. This experience includes, but is not limited to, taking an accelerated, rigorous course, living in a residence hall on Vanderbilt University's camps, and participating in residential experiences with like-ability peers. Vanderbilt Summer Academy understands that working in an accelerated environment away from home can be rewarding and life-changing. For some students, the challenging academic environment and time away from home can also heighten some social, emotional, or behavioral issues currently or previously present.

Please provide a brief explanation of your professional opinion regarding the student's capability to succeed at VSA. Include any strategies for success in and out of the classroom to ensure the student has a positive experience as well as other information helpful for our staff to know while working with this child, including reasons while this environment may or may be a good fit for this program.

I understand that the above-named student has been accepted to attend the Vanderbilt Summer Academy (VSA), an intensive, summer residential program for academically talented youth during which participants attend classes and social events, participate in sports and other recreational activities, and live in a residence hall with other students for one to three weeks. By signing, I attest that to the best of my knowledge, this student has no condition that would prohibit him or her from participating fully in VSA unless indicated, and I have no reason to counsel otherwise.

Mental Health Professional's Printed Name: _____

Mental Health Professional's Signature: _____

(Date) _____