

PARENT CONSENT FORM

**Austin Pre-Freshman Engineering Program (AusPrEP)
June 12 – July 27, 2017**

**Pre-Algebra Institute
July 5 – July 27, 2017**

Student's Name: _____

AusPrEP Year (1, 2, 3, or Pre): _____

Directions: Carefully read this agreement. Check each item to show you approve or disapprove and sign below.

We must receive this form before your child can attend any PrEP program.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for AusPrEP staff to provide transportation for my child in the event of a medical emergency, if necessary to obtain prompt care, and campus security or other means of transportation are not immediately available.
<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for AusPrEP to share basic information (e.g., name, address, etc.) regarding my child with organizations and/or educational institutions for the purpose of college recruitment, scholarships, training workshops, educational and/or employment opportunities.
<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for AusPrEP to list my child's name and other basic information (as part of a list of AusPrEP graduates), to include quote(s), photograph(s) or video footage of my child in AusPrEP material used for the purpose of public relations, fund raising, recruitment, or program or grant reporting.
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child to attend AusPrEP sponsored field trips, held on regular AusPrEP class days. I understand that I will be notified in advance of times, places, etc. and that, unless told otherwise, I will be responsible for arranging transportation.
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for AusPrEP to give my child surveys, include him/her in focus groups and access information from my child's district (grades K-12) for purposes of reporting to funders, improving program, and writing promotional or research-related articles. Information obtained from the school district may include grade reports, attendance reports, STAAR scores, disciplinary referrals, free/reduced lunch status, and STEM (science, technology, engineering, and mathematics) related information.
<input type="checkbox"/>	<input type="checkbox"/>	I give AusPrEP permission to collect this data for this year and the next several years to see if attending AusPrEP affects children in positive ways beyond the time they participate.

I understand that all information will be kept confidential, and I can write at any time to cancel, change or withdraw this consent (except for any action AusPrEP takes before receiving the change). A copy of this consent will be as binding as the original.

Signature Parent/Guardian _____

Date _____

AusPrEP & Pre-Algebra Institute 2017

STUDENT AGREEMENT

Graduating from AusPrEP will make an important difference in your high school, college, and future success. AusPrEP staff is committed to maintaining standards of excellence. We must ensure that all AusPrEP students are safe and have an environment that allows each one to do his or her best. Therefore, **we require that all students and their parents understand and agree to AusPrEP's rules before we finalize a student's admission.** Remember, although our program standards are high, they are very attainable.

IMPORTANT: Be certain you and your parent(s) or guardian read this agreement carefully **Return one signed copy to AusPrEP staff and keep one copy as reference.**

ATTENDANCE

-I am aware that daily attendance is MANDATORY.

-I understand that I may be dismissed from the program:

- with one unexcused absence;
- on the sixth absence (after five excused absences); or
- if I am late or leave early more than five times; or
- if I am picked up late more than three times.

-I understand that, for an absence to be considered "excused":

- the Site Director must approve the absence;
- the absence must be approved in advance, except in an emergency; and
- AusPrEP must receive a written note signed by a parent/guardian or doctor.

-I understand that I must be on time and attend all classes, labs, roll calls, etc. I know I must stay with my assigned group and follow my assigned schedule at all times.

-I understand that I must attend the Closing Day Ceremony to complete the AusPrEP program and be eligible for credit.

BEHAVIOR

-I agree to follow AusPrEP standards of behavior -- to be courteous, respectful and committed to learning.

-I will not bring radios, headphones, laptops, pagers, games, toys, lighters, firecrackers, knives, or weapons of any type to any AusPrEP program.

-I will not chew gum or tobacco or have any food or drinks in any of the college classrooms, labs, libraries, etc. I will be responsible for any damage(s) I may cause.

-I agree to wear only modest, safe and appropriate clothing. Sandals or open-toed shoes, spandex clothing, tank shirts, slip dresses, sheer clothing, shirts with offensive sayings, and caps are NOT permitted.

-I agree to follow all additional rules set by AusPrEP sites.

-I understand that AusPrEP has a zero-tolerance policy on a child's noncompliance with all AusPrEP rules and policies. In the event of a rule/policy violation, the site director may dismiss the child from the program. Some examples of rule violations include: cheating, plagiarism, leaving campus without permission, damaging property, physical violence, setting off fire alarms, or repeated patterns of less serious violations.

OTHER

-I understand that according to the Texas Education Agency, all districts must award one (1) elective for high school graduation for students who successfully complete AusPrEP.

-I agree to complete the annual AusPrEP Follow-Up Survey for graduates. (This is a short questionnaire to check on each student's academic progress. It is used for research on the impact of AusPrEP and for reporting to AusPrEP sponsors.)

STUDENT PLEDGE

I will do my best to attend AusPrEP every school day as scheduled from June 12 to July 27, 2017, or July 5 to July 27, 2017 for the Pre-Algebra Institute. I have read and understood AusPrEP's requirements for students, particularly those on attendance, dress code, and student behavior. **By signing below, I promise to abide by these policies and all AusPrEP rules.**

PARENT/GUARDIAN CONSENT

I approve of my child's participation in AusPrEP. I understand this involves a commitment of approximately seven weeks' attendance. I have read and understand AusPrEP's requirements for students, in particular that **absences must be excused.** I will comply with these policies and all AusPrEP rules.

Student's Signature/Date

Parent's Signature/Date

AusPrEP & Pre-Algebra Institute 2017

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Student's Signature/Date

Parent's Signature/Date

RELEASE AND INDEMNIFICATION AGREEMENT AusPrEP

Student's Name _____
Parent/Guardian's Name _____
Street _____
City _____ State _____ Zip Code _____
Site Assignment Huston-Tillotson University AusPrEP Year 2017

The Austin Prefreshman Engineering Program (AusPrEP) is a summer program for middle school and high school students. It is held weekdays from June 12, 2017 to July 27, 2017. It is located at Huston-Tillotson University in Austin. Students take courses in math and science; learn about careers in science and engineering; participate in field trips; conduct experiments; and have special activities. Lunch will be provided for all student participants. Parents are responsible for transportation.

I am the Parent/Guardian of the above student. He/she is under eighteen years of age. I am fully competent to sign this Agreement.

I give permission for my child to attend AusPrEP. I understand that when my child attends AusPrEP, it is possible that there may be hazards or risks. These could cause illness, personal injury or death. As my child is being allowed to attend AusPrEP, I accept all risk to my child's health and of his/her injury or death that may result from attending AusPrEP. Daily, I will drop off my child no more than 30 minutes before the start of the program (no earlier than 8:00 am) and will assure that my child is picked up within 15 minutes of the close of the program (no later than 3:30 pm).

I release Huston-Tillotson University, AusPrEP, and their respective governing boards, officers, employees and representatives, from any and all liability to the student, the student's personal representatives, estate, heirs, family, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to the student, including his/her death, that may result from or occur during the student's participation in AusPrEP, whether caused by negligence of the University, AusPrEP sites, their governing board, officers, employees, or representatives, or otherwise.

I also agree to indemnify and hold harmless Huston-Tillotson University, AusPrEP, and their governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from the student's actions or omissions while attending AusPrEP.

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE INJURY OR DEATH OF MY CHILD, OR FOR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE ATTENDING PREP. I AGREE TO REIMBURSE THE UNIVERSITY FOR ANY LIABILITY FOR ANY PERSON'S INJURY OR DEATH AND PROPERTY DAMAGE CAUSED BY A NEGLIGENT OR INTENTIONAL ACT OR OMISSION BY MY CHILD.

Signature of Parent/Guardian

Date Signed

Address (If different than Participant's)

City, State, Zip

Signature of Witness

Date Signed

AusPrEP & Pre-Algebra Institute 2017

HEALTH INFORMATION AND CONSENT FORM

PARTICIPANT INFORMATION (Please Print Clearly):

Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____ / _____ / _____ Age _____

(Not optional)

HEALTH CONSENT

In case of sudden or serious illness or accident, Huston-Tillotson University Health Services, or other Site Health Services professional medical/nursing staff, or other licensed medical personnel may provide necessary emergency medical care to _____ (*child's name*). The listed alternate adult or I will be notified immediately. If Health Services staff or other licensed medical personnel are unavailable, AusPrEP staff may provide routine first aid and/or necessary interim emergency care to my child. I understand that Huston-Tillotson University Health Services and other AusPrEP Site Health Services do not assume any financial or other responsibility. Finally, Huston-Tillotson University and AusPrEP are not liable for any consequences of the medical care and are released from any claims related to the medical care.

Signature of Parent/Guardian _____ Date Signed _____

Relationship to Participant _____

PARENT/GUARDIAN INFORMATION (Please Print):

Parent/Guardian 1 _____ Home Phone _____

Mobile Phone _____

Address _____ Work Phone _____

Parent/Guardian 2 _____ Home Phone _____

Mobile Phone _____

Address _____ Work Phone _____

Alternate Adult (Emergency Contact) _____ Home Phone _____

Address _____ Work Phone _____

Relationship to child _____ Mobile Phone _____

PHYSICIAN INFORMATION (Please Print):

Family Doctor _____ Telephone _____

Hospital _____ Address _____

Insurance Company _____ Group # _____ Subscriber _____

HEALTH INFORMATION:

ALLERGIES	YES	NO	IF YES, PLEASE EXPLAIN
Food			
Medicine			
Plants			
Animals			
Dust/Molds			
Insect Stings			
Other			

OTHER HEALTH CONDITIONS (CHECK THOSE THAT APPLY & EXPLAIN WHERE NEEDED)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Ear Infection	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Menstrual Cramps	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	Bleeding/Clotting Disorders	<input type="checkbox"/>	Sickle Cell Trait or Disease
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Wears Glasses or Contacts	<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Heart Defect/Disease. What kind?	<input type="checkbox"/>	Seizures. What kind?	<input type="checkbox"/>	Recurring Headache. What kind?
<input type="checkbox"/>	Ongoing Medical Problem. What kind?	<input type="checkbox"/>	My child is currently under the care of a physician. If so, explain:	<input type="checkbox"/>	Physical Impairments or Disabilities. What kind?
<input type="checkbox"/>	Past Serious or Significant Illness. Explain.	<input type="checkbox"/>	Past Surgeries/Illness Requiring Medical Treatment:	<input type="checkbox"/>	Other (Please explain nature of condition):

List all medications currently being used, quantities and special instructions:

(A copy of the vaccination record is not required, if date is entered.)

IMMUNIZATION HISTORY	YEAR RECEIVED
D.P.T. (Diphtheria, Pertussis, Tetanus)	
Measles	
Mumps	
Rubella	
Oral Polio	
Hepatitis/ HP	
HIB	
Varicella (Chicken Pox)	
Other	

MY CHILD HAS MY PERMISSION TO TAKE:

	YES	NO
Aspirin		
Non-Aspirin Substitute		
Other Over the Counter Medication		
Remedies for Minor Illnesses		

ADDITIONAL INFORMATION:
