

PARENT CONSENT FORM

**Austin Pre-Freshman Engineering Program (AusPREP)
June 10– July 25, 2019**

**Pre-Algebra Institute
July 1 – July 25, 2019**

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 AusPREP or Pre-Algebra program.

Yes No

		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.
		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.
		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.
		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.
		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.
		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 _____

FORMULARIO DE PERMISO DE PADRES
Austin Pre-Freshman Engineering Program (AusPREP)
Junio 10 – Julio 25, 2019

Instituto Pre-Álgebra
Julio 1 – Julio 25, 2019

Nombre de Estudiante: _____ AusPREP Año (1,2,3, o Pre): _____

Instrucciones: Cuidadosamente lean este compromiso. Revise cada artículo y anote acuerdo o desacuerdo y firme abajo.

Debemos recibir esta forma antes que su niño(a) atienda cualquier programa AusPREP o Pre-Algebra.

Si	No	
		Doy permiso para que el personal de AusPREP provee transportación a mi niño(a) en un evento de una emergencia médica, si es necesario para obtener atención rapido, y seguridad del colegio o transportación de otra manera no esta inmediatamente disponible.
		Doy permiso para que AusPREP comparta información básica (nombre, dirección, etc.) de mi niño(a) con organizaciones y/o instituciones educativas para propósito de reclutamiento de colegio, becas, talleres de entrenamiento, oportunidades educacionales y/o de empleo.
		Doy permiso para que AusPREP ponga el nombre de mi niño(a) y otra información básica (como parte de lista de graduados de AusPREP), para incluir dichos, fotos o videos de my niño(a) en material de AusPREP para propósito de relaciones publicas, recaudamiento de fondos, reclutamiento, o reports del programa o de fondos.
		Doy permiso para que mi niño(a) atienda a viajes patrocinados por AusPREP, en los días regulares de clases de AusPREP. Entiendo que recibiré notificaciones de antemano de horarios, sitios, etc. y que, solo que me digan de otra manera, yo me hare responsable de arreglar la transportación.
		Doy permiso para que AusPREP le de a mi niño(a) encuestas, incluyendo su grupo de enfoque y acceso del distrito de mi niño(a) (grados K-12) para propósito de reports a fundadores, mejoramiento del programa, o artículos escritos para promoción y estudios relacionados. Información obtenida de los distritos escolares puede incluir, informe de calificaciones, asistencia, puntuación de exámenes STAAR, disciplina, comprobante de alimentos gratis o precio reducido, y información relacionada a STEM (Ciencia, Tecnología, Ingeniería, Matemáticas).
		Doy permiso para que AusPREP colecte esta información para este año y varios de los siguientes años para ver si asistiendo a AusPREP a los niños en maneras positivas mas allá del tiempo que participaron.

Yo entiendo que toda la información se mantendrá confidencial, y puedo escribir a cualquier tiempo para cancelar, cambiar, o terminar este permiso (except por cualquier acción que tome AusPREP antes de recibir cambios). Una copia de este permiso sera tan obligatoria como la original.

Firma de Padre/Guardian _____ Fecha _____

AusPREP & Pre-Algebra Institute 2019

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 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.
- I agree to follow all instructions given by Program Assistants.

OTHER

- I understand that according to the Texas Education Agency, all districts may award one (1) elective for high school graduation for students who successfully complete AusPREP.
- I agree to complete AusPREP summer completion and follow-up surveys. (Short questionnaires to check on each student satisfaction with the program and 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 10 to July 25, 2019, or July 1 to July 25, 2019 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 2019

STUDENT AGREEMENT

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Student's Signature/Date

Parent's Signature/Date

AusPREP & Pre-Algebra Institute 2019

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 _____
Emergency Contact _____ Home Phone _____
Address _____ Work Phone _____
Relationship to child _____ Mobile Phone _____

PHYSICIAN INFORMATION (Please Print):

Primary Physician _____ Telephone _____
Hospital _____ Address _____
Insurance Company _____ Group # _____ Subscriber # _____

HEALTH INFORMATION (attach additional information as needed):

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:
