

2009 DOUGLASS PROJECT
PRE-COLLEGE PROGRAMS

PARENT/GUARDIAN PERMISSION & EMERGENCY NOTIFICATION

Please indicate to which program this permission slip pertains:

- DSI Reunion(March)
- DSI 2009 (July)

Instructions: Parents/guardians, you **MUST** read and sign these statements.
Please neatly print or type all information needed.

NAME OF PARTICIPANT: _____
(Last) (First) (MI)

PARENT/GUARDIAN STATEMENT:

I, the parent/guardian of the participant named above, am familiar with the plans and purposes of the 2008 Douglass Project Program indicated above and give full permission for my daughter/ward to attend and to participate in all phases of this event.

Signature of Parent/Guardian

MEDICAL EMERGENCY STATEMENT:

Federal law requires that parental/guardian permission be obtained in advance for the diagnosis and treatment of minors. A parent or legal guardian must sign the following consent statement so that primary medical care may be promptly carried out.

“I give permission for _____ to receive emergency medical
(print participant’s name)
treatment, if necessary, for treatment from the local hospital emergency room or campus health center. It is understood that every effort will be made to contact me before taking this action.”

Signature of Parent/Guardian

Date

Rutgers University does not provide health or accident insurance for non-University students. Therefore, the following information is necessary and will be utilized only as needed.

_____ is covered by health/accident insurance.
(print participant’s name)

The insurance company is: _____

The policy/group # is: _____

“By providing the above information, I give my permission for Rutgers University to utilize it as needed. I understand that any excessive medical charges will be paid me or my insurance.”

Signature of Parent/Guardian

Date

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EMERGENCY NOTIFICATION:

In the event of an emergency, please notify the following person:

Name: _____ Relationship to Participant: _____

Address: _____ Day phone: (_____) _____

_____ Night Phone: (_____) _____

Street

City

State

Zip

ALTERNATE EMERGENCY NOTIFICATION:

Name: _____ Relationship to Participant: _____

Address: _____ Day phone: (_____) _____

_____ Night Phone: (_____) _____

Street

City

State

Zip

PRESCRIPTION/OTC MEDICATION CONSENT:

I _____ (Parent or Guardian) understand that my daughter
_____ (Participant's Name) is currently taking the following routine
medications _____

for _____ (medical condition) and has permission to continue
taking these medications during the program. I am also aware that my daughter may have over the
counter or non-prescription drugs (Tylenol, Advil, aspirin etc.) in her possession and has permission to use
them during the program.

Parent/Guardian (as listed above) signature: _____

Participant signature: _____ Date: _____

PHOTO/MEDIA AND PRESS RELEASE:

The Douglass Project routinely promotes activities, seeks funding, and reports to funders through various
media. This includes but is not limited to written reports, newsletters, newspapers, brochures, displays
and web pages. In doing so, the names of individual participants may be included, with their permission
and parental consent, to help promote the value of participation in our programs. On web sites pre-college
participants may appear in photos with their permission and parental consent; however, pre-college
participants will not be identified by full name(s) on web sites.

Participant's Name _____ Program _____

Parent's Signature _____ Date _____