

Summer Academic Enrichment Program for Secondary School Students Informed Consent, Waiver & Release

Student Name _____ Grade Level in Fall _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the "*Summer Academic Enrichment Program*" program, sponsored by the University Corporation at California State University, Northridge in cooperation with the Department of Secondary Education. I understand that the primary objective of the program is to provide secondary students with an enrichment opportunity in academic and elective subjects. It is further understood that the faculty contracted for this program are experienced, highly qualified teachers.

I understand that the "*Summer Academic Enrichment Program*" program will take place from June 28, 2010 through July 30, 2010 and that transportation to and from the California State University, Northridge campus will be the sole responsibility of the participant.

I hereby authorize "*Summer Academic Enrichment Program*" program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to attend classes, perform and participate in the academic and enrichment activities sponsored by the University Corporation and coordinated by the Department of Secondary Education.
2. To use my son/daughter's name, photograph and quotes in "*Summer Academic Enrichment Program*" press releases and publications.

I certify that I have read and understand the above noted provisions established for this program.

In consideration of the acceptance of my son/daughter's voluntary participation in the above captioned "*Summer Academic Enrichment Program*", I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the California State University, Northridge as a result of my son/daughter's participation in the above captioned "*Summer Academic Enrichment Program*".

This release is intended to discharge the University Corporation at California State University, Northridge, California State University, Northridge, State of California, the Trustees of the California State University, the University, their officers, employees, representatives and volunteers, and any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my son/daughter's participation in the "*Summer Academic Enrichment Program*."

It is further understood that accidents and injuries can arise out of the "*Summer Academic Enrichment Program*"; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is-further understood-and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Student Name _____

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian (Please print)

Address City Zip

Home Phone Number

Emergency Phone Number

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
Summer Academic Enrichment Program for Secondary School Students
AUTHORIZATION TO TREAT A MINOR

I, (we) the undersigned parent, parents or legal guardian of (student's name) _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions

Signature of Father, Mother or Legal Guardian

Date

Address

City

State

Zip

*This consent shall remain effective until **July 30, 2010.***

Birthdate _____ Last Tetanus/Diphtheria Booster _____

Allergies to Drugs or Foods _____

Any Learning Disabilities, IEP's, 504 plans, Special Medications, or other Pertinent Information (please give details):

Telephones where parents can be reached

Father's Name: _____ home(____)_____ business (____)_____ cell (____)_____

Mother's Name: _____ home(____)_____ business (____)_____ cell (____)_____

Family Physician: _____ Phone _____

Address: _____ Insurance Co. _____

Policy No. _____