



University of Dayton Medical Release Form

(Please Print Information)

(Student) Participant Information:	
Last Name:	
First Name:	
Middle Initial:	
Age:	
Home Address:	
Parent or Guardian Information	
Name:	
Relationship:	
Does this person speak English?	
Home Phone:	(Country Code) + (City Code) + Number
Work Phone:	(Country Code) + (City Code) + Number
Cell Phone:	
E-Mail Address:	
Medical Information: Please circle YES or NO, give details for YES response.	
Do you (Student) have any allergies (including medications)?	YES NO
Are you presently taking any medications (if so, please list)?	YES NO
Do you have any significant health problems (if so, please list)?	
Medical Insurance Company:	
Policy Number:	
Any additional information or special circumstances?	

I authorize the staff of the University of Dayton Student Health Center and/or any other medical facility designated by the UD Student Health Center to provide necessary medical services for treatment of illness or injury, including diagnostic procedures such as laboratory tests and x-rays to:

Name of Student: _____

I understand I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

Signature of Parent or Guardian: _____ **Date:** _____



CONSENT FOR MEDICATION ADMINISTRATION

By signing, I voluntarily agree to assume all of the risks and responsibilities involving my child's voluntary participation in the University of Dayton's Intensive English Program's SEED. In order to administer medication to a student in the University of Dayton Intensive English Program, it is our policy to secure your consent to distribute medication. The medication must be coordinated and/or administered by designated chaperone staff. All medications must be in a medicine bottle and labeled with the student's name, doctor's name and number, medication name, and dosage. You must also complete the following:

Name of Student

Name of medication(s)

Doctor

Doctor's Phone

Amount to be taken

How is it taken?

Days/Time(s) of day to be taken

Name of Parent or Guardian

Signature of Parent or Guardian

Date

ASSUMPTION OF RISK, RELEASE, AND IDEMNIFICATION

IN CONSIDERATION, for permission and support by the University of Dayton for my child's voluntary participation in the University of Dayton Intensive English Program's SEED, I do hereby release, hold harmless, indemnify, waive, and discharge the University and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages I or my family, heirs, executors or agents may suffer or sustain related to this activity. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in such activity and accommodation, I hereby agree to assume all the risks and responsibilities surrounding participation in this activity or any activities undertaken in addition thereto, including but not limited to security, transportation etc.

I understand that no health or accident insurance is provided for my child by the Intensive English Program or by the University of Dayton. I have read this document with full knowledge and agree to its terms.

Name of Student (Print)

Name of Parent or Guardian (Print)

Signature of Parent or Guardian

Date



Intensive English Program
SEED (Summer Educational Exchange @ Dayton)
Rules of Behavior

The Intensive English Program, the Center for International Programs, and the University of Dayton welcome all participants to our SEED program (Summer Educational Exchange @ Dayton) and want everyone to have an academically and personally rewarding experience. All students are expected to demonstrate civility, decency and respect for oneself and for others in accordance with the University of Dayton's Catholic and Marianist heritage. The following list of specific guidelines will help ensure the health and safety of each student and provide a supportive learning community. Please read them carefully, then sign and date the form.

- No smoking is allowed in any campus facility or anywhere by students under the age of 18 years.
- No alcohol is permitted at anytime or anywhere by students participating in the intersession.
- Students are not allowed off campus without specific permission of the chaperones. If permission is given students must travel in groups of at least two students. Students should travel on campus in groups of at least two students.
- Each student will receive a key to their individual room and an access card for entry to the building. The charge for a lost key is \$125.00. For safety reasons do not prop open exterior building doors.
- Throwing or playing catch is not permitted in the residence hall.
- Male students are not allowed in the female sections of the residence hall and female students are not allowed in the male sections of the residence hall.
- Community restrooms are available in each section of the residence hall. Please be respectful of others.
- Report any broken or inoperable items to the residence hall front desk.
- Report any illness or injury to a chaperone as soon as possible.
- Students are expected to arrive to class and all scheduled activities on time.
- In class, students are expected to participate in all class activities, be respectful of their classmates and teachers, and speak only English.

STUDENT NAME (please print) _____

STUDENT SIGNATURE _____

PARENT NAME (please print) _____

PARENT SIGNATURE _____

DATE _____



Campus Recreation Facility Usage Waiver
Every participant must have a signed waiver to participate in Campus Recreation Facility Usage

I, as the parent or legal guardian of the child listed on this application (below), give permission for my child to participate in the Campus Recreation Facility Usage and hereby assume full responsibility for all risk of injury which may result from my child's participation in this activity. I also understand and authorize that the Campus recreation may take photographs of said children or dependents for use in publicity and promotions within the Campus Recreation. I hereby hold harmless University of Dayton, its employees and agents, from any and all claims, demands, injuries, damages, actions, or causes of actions which arise, regardless of whether such claims are based upon negligence or other grounds upon myself or my children and the children participating in my child's facility usage. In case of an emergency and I cannot be reached, I authorize the staff of University of Dayton, Campus Recreation, to obtain whatever medical treatment they deem necessary for the welfare of my child listed on this application. I further understand and agree that I will be financial responsible for all charges and fees.

Student Name:(PRINT)_____

Parent or Guardian Name:(PRINT) _____

Parent or Guardian Signature:_____

Date:_____



University of Dayton
**Center for International
Programs**

**University of Dayton
Center for International Programs
Intensive English Program's
SEED (Summer Educational Exchange @ Dayton Program)**

PERMISSION TO PHOTOGRAPH

Name of Student: _____

I authorize the University of Dayton and university affiliated organizations to use my child's image and likeness for current or future printed or electronic publications and media.

Name of Parent or Guardian: (Print) _____

Signature of Parent or Guardian: _____

Date: _____