



RUTGERS

ACADEMIC FOUNDATIONS CENTER

TRiO

TALENT SEARCH EAST

MEDICAL INFORMATION & RELEASE FORM

"Please PRINT All Information in Blue or Black Ink Only"

Student Name: _____ Date: _____

MEDICAL & EMERGENCY INFORMATION:	
Physician Name: _____ (if applicable)	Phone #: (_____) _____
History of health conditions (Please include any food allergies, etc.): _____	

In Case of an Emergency, Contact: _____	Relationship to Student _____
Name _____	
Emergency Contact Phone(s): Home #: (_____) _____ and/or Cell Phone #: (_____) _____	

"Parents the following release statements require your initials to verify & provide consent to conduct services on the behalf of your child"

RELEASE	PARENT APPROVAL
<p>Liability Release: In consideration of being permitted to participate in any way in the Rutgers-Newark AFC Talent Search Program, hereinafter called "Activity," I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge Rutgers University, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activity. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Injuries could range from scratches, bruises, cuts, eye injury or loss of sight, joint or bodily injuries, catastrophic injuries including paralysis and death.</p> <p>I have read the previous paragraph and I acknowledge, know, understand and appreciate these and other risks that are inherent in any Activity. I hereby assert that my child's participation is voluntary and that I and my child knowingly assume all such risks. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature/initials to be a complete and unconditional release of all liability to the greatest extent allowed by law.</p>	<p>_____</p> <p>Parent/Guardian Initials</p>
<p>Medical Release: Every reasonable precaution will be taken to provide safety and care of your child. Every effort will be made to notify you and/or your Emergency Contact (listed) in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of Talent Search East to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent/guardian.</p>	<p>_____</p> <p>Parent/Guardian Initials</p>
<p>Photo & Media Release: I hereby freely and irrevocably grant Rutgers University and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.</p>	<p>_____</p> <p>Parent/Guardian Initials</p>
<p>Report Card, Transcript, & Standardized Test Scores Release: I understand that as a participant in the Rutgers University – Academic Foundations Center – Talent Search Program my child will be required to submit a record of his/her grades and standardized test scores for each year of participation up to year six after high school graduation and complete college. This includes a copy of my child's report card/transcript (transcripts may be unofficial) for every marking period and test results when they become available.</p> <p>I hereby grant permission for the school/district to release my child's report card/transcript and standardized test scores to the Talent Search Program of the United States Department of Education for the purposes of program reporting and evaluation during the duration of my child's participation between 6th-12th grades.</p>	<p>_____</p> <p>Parent/Guardian Initials</p>

CERTIFICATION & AUTHORIZATION:

I certify that this information is true and correct to the best of my knowledge. I approve and authorize my child's releases for the Rutgers University-Newark Talent Search Program for the duration of my child's participation in the program.

Parent/Guardian Signature: _____ Date: _____

<p>Forms can be returned the following ways:</p> <ul style="list-style-type: none"> ✓ Fax to: (973) 353-1945 or Drop off at the Guidance Department or Main Office at your child's school ✓ Mail or return to: Jakyrra S. Tyson, M.S., Director, Talent Search Program East, Rutgers University-Newark Academic Foundations Center, Bradley Hall, Room 113 110 Warren Street, Newark, New Jersey 07102

For more information, call (973) 353-3553 or visit our website at: <http://www.ncas.rutgers.edu/afc/tseast>