

### Pre-College Summer Institute

This form is required of all students and must be completed by a parent or guardian. Failure to complete this form honestly and in its entirety may result in the student's dismissal from the program.

320 South Broad Street, Philadelphia, PA 19102 • (215) 717-6430 • www.uarts.edu

If a student requires unexpected medical, dental, health, psychological or hospital services while he/she is participating in the summer programs at UArts, the consent of a parent/guardian is required. Care may be rendered only with such consent, except in a true emergency. Although the University will make every effort to contact a parent/guardian in the event of a medical emergency, attempting to reach them for permission to treat or to obtain insurance information can delay treatment. This document enables UArts to arrange for health care services for your child and to provide insurance information to the provider. This document shall be presented to appropriate medical professionals or their representatives at such time as care may be required.

**Student Information:**     Commuter     Resident

Name \_\_\_\_\_ Date of Birth    /    / \_\_\_\_\_

Program Attending:     Acting     Art + Media Exploration     BRIDGE     Dance     Jazz     Musical Theater  
 Male     Female

**Insurance Information:**

**Please attach copies of both the front and back of all applicable medical insurance cards. (medical insurance is required).**

Not currently insured.

Insurance Company \_\_\_\_\_

Insurance Plan \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Health History of Conditions (Including allergies, existing conditions, or recent hospitalizations, surgeries or psychological conditions)**

Please explain any and all medical conditions the student has seen a medical provider for. (You may attach another page if necessary.)

\_\_\_\_\_

\_\_\_\_\_

As the parent/guardian of \_\_\_\_\_ I hereby consent to the following:

- I authorized the release of the foregoing information to any appropriate employees of UArts to help ensure the health and/or safety of my son/daughter.
- In the event of a medical emergency, I authorize my son/daughter to be taken to the nearest medical facilities for care.
- I hereby appoint individuals on staff at UArts to act in my behalf in authorizing medical, dental, psychological, surgical care and/or hospitalization of the above-named student in the case of an emergency.
- I authorize UArts to give the medical facility access to my son/daughter's medical and insurance records.
- I authorize UArts to contact my son/daughter's physician via the information provided on the Health Care Provider's Report.
- If my son/daughter is currently self-medicating, according to the information on the Health Care Provider's Report, I hereby give permission for them to continue to self-medicate throughout their stay at UArts.
- I will inform Pre-College Programs of any changes to the student's medical condition as soon as I become aware of them.
- I acknowledge that failure to disclose all information honestly and in a timely fashion may be grounds for dismissal from the UArts Pre-College Summer Institute.

<p><b>Parent/Guardian signature</b></p> <p>■ _____</p> <p>Signature _____ Date _____</p> <p>_____</p> <p>Print Name _____</p> <p>_____</p> <p>Relationship to Student _____</p> <p>_____</p> <p>Parent/Guardian home phone _____</p>	<p><b>Student's signature</b></p> <p>■ _____</p> <p>Signature _____ Date _____</p> <p>_____</p> <p>Print name _____</p> <p>_____</p> <p>Parent/Guardian work phone _____</p> <p>Parent/Guardian cell phone _____</p>
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