

## STUDENT INFORMATION FORM: Summer 2009

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of course student is taking: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

If two parents (or guardians) have custody of this child, please list both.

Parent (or Guardian) Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent (or Guardian) Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who is the best person to contact in case of an emergency? \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Does this child have any acute or chronic medical problems? Please list and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child have any allergies? Please list and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child take any medication? Please list and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who is authorized to pick the child up from C-MITES? Your child will only be permitted to leave with the people listed here unless you notify the teacher in advance that alternative arrangements must be made.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**My child is permitted to walk home. Yes No**

**Would you like your name to be included on a car pool list? Yes No**  
**If yes:**

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Parent's Name	Home Phone	Work phone
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Area, district or borough (for example: Squirrel Hill or Fox Chapel)

*A list of persons interested in car pool arrangements will be mailed at a later date to those who request it here. All additional arrangements will be made by the parents of C-MITES participants.*

**Parents please use this space to provide the C-MITES staff any information that might be helpful for us to know. For example: Does your child have a learning disability? Will your child miss more than one day?**

**Carnegie Mellon University  
C-MITES**

**MEDICAL/PICK-UP INFORMATION & RELEASE**

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I desire my child to participate in the C-MITES Summer Program (“the Program”) in June or July, 2009. I understand that there are hazards and risks, as well as benefits, associated with my child’s participation in the Program. In consideration of the benefits of my child’s participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Carnegie Mellon University and/or its trustees, officers, employees, agents, assigns, or contractors arising from or connected with my child’s participation in the Program, including the securing of medical treatment for my child during my child’s participation in the Program.

I give my permission to Carnegie Mellon University, its employees, agents, assigns, or contractors to secure medical treatment for my child in the event that such treatment is needed during my child’s participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses or waivers and releases shall be deemed severable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Carnegie Mellon University  
C-MITES**

**IMAGE/NAME PERMISSION & RELEASE**

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Occasionally, we wish to photograph, videotape, or otherwise record the activities of C-MITES students for the purpose of recording and promoting the C-MITES Program. We also sometimes provide local newspapers with information about C-MITES students, such as the student's name, grade, school district, and the name(s) of the C-MITES course(s) the child is attending. Please indicate if you give us permission to use your child's image and name for such purposes by signing below:

I give permission for my child, as a participant in the C-MITES Summer Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for Carnegie Mellon/C-MITES to use said videotaped, photographed, and/or recorded materials in C-MITES or university publications, or other publications, web sites, CD's, DVD's, or other media, for publicity purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to or in said videotaped, photographed, and/or recorded materials.

I further grant permission for Carnegie Mellon/C-MITES to provide local newspapers with information about my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date