

Registration Materials

Forms that need to be returned

A registration package is sent to every student with materials that should be signed and returned. It is important that you get all forms necessary for not only the program, but also the University or school.

General Expectations

These are the rules that each participant is expected to follow. We ask that students review these along with their parents. These guidelines should also include University and School rules. Rules help to clarify expectations and parents usually feel more secure about their daughters leaving when they know what is expected of their daughter. These rules/expectations are reviewed the first night students arrive.

Medical Authorization Guidelines

These are the guidelines used by staff when a medical situation arises. Staff is/are given copies of the guidelines, along with a medical folder on each student. Staff is/are expected to have this with them at all times.

What to Bring

This is a general list of what we think students may need. Again, it is important to check with the University to determine if something is permissible or not. Jeans or long pants, for example, are required by the university to be worn in labs.

IRB Assent/Consent Forms

Most hospitals, universities and other institutions where research is conducted have established formal committees for reviewing proposed research plans. The University of Kentucky has an Institutional Review Board for the sole purpose of protecting individuals participating in research projects. The attached Assent and Consent forms were submitted and approved for this project.

***** **Your program is not required to be a research project** *****

Medical Insurance Forms

The University requires these so that we know the appropriate billing source in the event of a medical need. Parents should submit a copy of their insurance cards. This form is kept in a medical folder and distributed to all staff.

Authorization to Obtain Medical and Dental Assistance

Having a copy of the insurance card is not enough to secure medical treatment for a minor. Parents must sign an authorization to obtain medical and dental treatment. This form is also put in the medical folders and distributed to all staff.

Authorization to Administer Prescribed Medication to a Student in the “Girls in Science” program

This is an important form that parents should also fill out and return. It contains historical information on the student’s immunization records.

Permission to Release Information to the News Media

U.K. Office of Public Affairs coordinates all media activity for the University. In this particular program, press releases were sent to the media and all students pictures were submitted to their local newspapers along with an article on the program. This form secures parental approval to be featured in the media.

W-9

In order for student to receive a stipend we must have on file a completed W-9. This should be signed by the student and returned before the program begins. If you will be offering stipends, the participants must complete the W-9 form. The participants’ name, social security number and signature should be on the form, NOT THE PARENTS.

Field Trip Permission:

Our program involves traveling within Lexington and to other cities. It is important that parents consent to their child traveling with program staff.

Student Acceptance Form

This may seem repetitive, but this form clarifies that the student has read the rules/expectations and agrees to abide by them.

Parent/Guardian Agreement

The student fills out the acceptance form and the parents fill out this form. This is a double check that parents and students agree to the rules/expectations.

| Signature? | Complete? | Name of Form |
|------------|-----------|--|
| | | Authorization to Obtain Medical/Dental Assistance |
| | | Authorization to Administer Prescribed Medication-Part I |
| | | Physician's Statement- Part IIA |
| | | Medical History and Shot Records- Part IIB |
| | | University of Kentucky Medical Authorization |
| | | University of Kentucky Excess Insurance |
| | | Copy of Student's Insurance Card |
| | | Emergency contact information form |
| | | Field Trip Permission |
| | | Permission to Release Information to News Media |
| | | Permission to leave with another parent |
| | | Permission to ride with mentor |
| | | Student W-9 Form |

After completing all necessary forms, please return them to
Girls in Science

If you have any questions or concerns, please call _____

*** When returning the above paperwork, please be sure to include a copy of the student's health insurance card.**

****Completed forms must be returned to the office by**

Date

Exceptions will only be granted for students who cannot schedule physician appointments before this date. Please notify the office ASAP if you encounter this problem and return all of the other forms by the deadline.



Girls in Science

Authorization to Obtain Medical and Dental Assistance "Girls in Science" Program

Student's Name (Last, First, MI)

I hereby request and authorize the staff of the "Girls in Science" Program to obtain medical or dental assistance for my daughter.

This authorization also covers medical assistance in a hospital Emergency Room or at any Health Care Facility should such assistance be required.

Signature of Parent / Guardian

Date

****** FAILURE TO SIGN THIS FORM WILL DISQUALIFY THE STUDENT******

**Part I-Authorization to Administer Prescribed Medication to a student while in the
“Girls in Science” Program**

Student’s Name (Last, First, M.)
_____/_____/_____
Student’s School Student’s Birth date

(To be completed by the Parent/Guardian)

In the event of a medical emergency, I authorize the “Girls in Science” Program staff to permit a local physician to treat my child and to prescribe medication if necessary. I hereby request and authorize the “Girls in Science” Program staff, personnel, and/or an authorized nurse practitioner to administer prescribed medication as directed by the physician (Part IIA). I have read the procedures outlined and included with this form and assume the responsibilities as required.

Prescription Medication (list) **If new prescription, enter the date first full day’s dosage was administered at home:**

1. _____
2. _____

Permission to Renew Prescription _____
Parent/guardian Signature Date

Non-prescription medication can be administered with written permission of the parent(s)/guardian (s).

I give my permission to administer:

| | | |
|--------------------|-----|----|
| Benadryl | Yes | No |
| Advil | Yes | No |
| Tylenol | Yes | No |
| Pepto Bismol | Yes | No |
| Chloraseptic Spray | Yes | No |
| *Other _____ | Yes | No |
| _____ | Yes | No |

*To the Parent/Guardian: Please indicate any other non-prescription medication that you normally administer to your child.

Please list any allergies to:

Medication: _____
Food: _____
Other allergies (for example, pollen, pets, insects): _____

Parent/Guardian Signature Date

Part IIB-Medical History and Shot Records
“Girls in Science” Program

Student’s Name (Last, First, M.)

Has the student been immunized/vaccinated for the following:

| | Yes | No | Date |
|-------------------|-------|-------|-------|
| Measles** | _____ | _____ | _____ |
| Chicken Pox | _____ | _____ | _____ |
| Tetanus Booster** | _____ | _____ | _____ |

Student should have his/her measles vaccination before coming to the “Girls in Science” Summer Program, if he/she has not received a MMR **booster during adolescence.

Physician’s Signature

Date

Address

() _____
Telephone Number

() _____
Fax Number (if available)



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EMERGENCY CONTACT INFORMATION

Participant's name: _____

Parent's name: _____

Address: _____

Home number: _____

Mother's work number: _____

Father's work number: _____

Emergency contact name: _____

Relationship to participant: _____

Home number: _____

Work number: _____

I give permission for _____ to make decisions regarding my child's health and safety. My child has permission to leave with him/her if the need should arise.

Parent Signature

Date



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Field Trip Permission

I/We, _____, agree to have 'Girls in Science' program staff or
(Print parents full name)

other qualified individuals transport my/our daughter _____ to
(Print student's full name)
locations away from the University of Kentucky, Lexington.

It is my/our understanding that several field trips of a cultural, educational, or recreational nature will be taken during the period of the program and that attendance on these trips constitutes an important part of the overall 'Girls in Science' program experience.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



Girls in Science

Permission for child to ride with mentor

An important component of the program is mentoring. Research suggests that mentoring relationships help improve self esteem and school performance. Your daughter will be matched with 2 female mentors; one from your local community and one from the Lexington area. Your daughter will meet her mentor from the Lexington area during camp. The mentors are usually University of Kentucky faculty or doctoral students. A background check has been conducted on all of the mentors.

I understand that my daughter will be involved in a mentoring relationship while on UK's campus this summer. I give permission for my daughter _____ to ride with her mentor to lunch off campus.

Parent Signature

Date



Girls in Science

Permission to Release Information to News Media

To Whom It May Concern:

I, _____, agree to have my child, _____, participate in feature news stories with print, broadcast, and electronic media about the "Girls in Science" program coordinated by the Department of Behavioral Sciences at the University of Kentucky. I give consent for the UK Chandler Medical Center to release basic information about my child to the media. I also give consent for all media to videotape and interview my child.

Please print or type

Student's Name: _____

Parents'/ Guardians' Names: _____

Parents'/ Guardians' Address: _____

County: _____

Hometown: _____

Hometown Newspaper _____

Signature

Date

Relationship to Participant

Witness _____



Girls in Science

Permission for child to leave with another parent

I/We _____ hereby give our daughter _____
(parents' name) (child's name)
permission to ride home with _____ upon dismissal from camp.
(driver's name)

I understand that Girls in Science will not be liable for any injury that may occur when my daughter leaves the camp.

Parent/Guardian Signature Date

Parent/Guardian Signature Date