

**2010 DOUGLASS PROJECT  
PRE-COLLEGE PROGRAMS**

**PARENT/GUARDIAN PERMISSION & EMERGENCY NOTIFICATION**

Please indicate to which program this permission slip pertains:

- DSI Reunion (April)
- DSI 2010 (June/July)

**Instructions:** Parents/guardians, you **MUST** read and sign these statements.  
Please neatly print or type all information needed.

**NAME OF PARTICIPANT:** \_\_\_\_\_  
(Last) (First) (MI)

**PARENT/GUARDIAN STATEMENT:**

I, the parent/guardian of the participant named above, am familiar with the plans and purposes of the 2010 Douglass Project Program indicated above and give full permission for my daughter/ward to attend and to participate in all phases of this event.

\_\_\_\_\_  
Signature of Parent/Guardian

**MEDICAL EMERGENCY STATEMENT:**

Federal law requires that parental/guardian permission be obtained in advance for the diagnosis and treatment of minors. A parent or legal guardian must sign the following consent statement so that primary medical care may be promptly carried out.

“I give permission for \_\_\_\_\_ to receive emergency medical  
(print participant’s name)  
treatment, if necessary, for treatment from the local hospital emergency room or campus health center. It is understood that every effort will be made to contact me before taking this action.”

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Rutgers University does not provide health or accident insurance for non-University students. Therefore, the following information is necessary and will be utilized only as needed.

\_\_\_\_\_ is covered by health/accident insurance.  
(print participant’s name)

The insurance company is: \_\_\_\_\_

The policy/group # is: \_\_\_\_\_

“By providing the above information, I give my permission for Rutgers University to utilize it as needed. I understand that any excessive medical charges will be paid me or my insurance.”

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OVER→→→**

**EMERGENCY NOTIFICATION:**

**In the event of an emergency, please notify the following person:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Day phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

**ALTERNATE EMERGENCY NOTIFICATION:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Day phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

**PRESCRIPTION/OTC MEDICATION CONSENT:**

I \_\_\_\_\_ (Parent or Guardian) understand that my daughter  
\_\_\_\_\_ (Participant's Name) is currently taking the following routine  
medications \_\_\_\_\_

for \_\_\_\_\_ (medical condition) and has permission to continue  
taking these medications during the program. I am also aware that my daughter may have over the  
counter or non-prescription drugs (Tylenol, Advil, aspirin etc.) in her possession and has permission to use  
them during the program.

Parent/Guardian (as listed above) signature: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/MEDIA AND PRESS RELEASE:**

The Douglass Project routinely promotes activities, seeks funding, and reports to funders through various  
media. This includes but is not limited to written reports, newsletters, newspapers, brochures, displays  
and web pages. In doing so, the names of individual participants may be included, with their permission  
and parental consent, to help promote the value of participation in our programs. On web sites pre-college  
participants may appear in photos with their permission and parental consent; however, pre-college  
participants will not be identified by full name(s) on web sites.

Participant's Name \_\_\_\_\_ Program \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_