PERMISSION & RELEASE

Student’s Name

My child, the above-named student, desires to voluntarily participate in the Saturday/Summer Academy at Vanderbilt for the Young (hereinafter SAVY). I expressly and voluntarily assume all risks of this activity on behalf of my child. I recognize that this activity may expose my child to some level of risk of injury. Notwithstanding these risks, I assume them by allowing my child to voluntarily participate in SAVY.

Further, I hereby:

• agree that students will be participating in a non-residential day program on the campus of Vanderbilt University (hereinafter VU). As a participant, the student will be supervised by VU staff. Students may also have access to on-campus recreational facilities and activities;
• understand that the activities for the sessions vary but may include the following: classroom instruction, organized recreational and athletic games, free time to play during a break/lunch/classroom instruction, and board games. These activities are assumed upon enrollment and participation in SAVY is at the risk and request of the student;
• agree that students are charged with knowing and abiding by SAVY policies as described in SAVY publications or as articulated by SAVY faculty/staff. Students who fail to follow SAVY policies may be asked to leave the program. If a student is asked to leave, his or her parent or legal guardian will be contacted. The parent or legal guardian must make immediate arrangements to remove the student from campus at the parent or legal guardian’s expense. Students who are asked to leave will not receive a refund of tuition or other fees;
• understand that during SAVY, students may participate in on-campus or other field trips within walking distance of VU facilities. Students will be accompanied by SAVY staff, VU staff, or hired designees during trips;
• agree that Vanderbilt is not liable for lost, stolen or damaged personal articles. Vanderbilt is also not liable for any consequences of the student’s actions including injury to persons and property, and I accept responsibility for reimbursement either to the injured party or to Vanderbilt for any damages sustained by them due to my child’s actions;
• agree that, to the best of my knowledge, the information furnished by or on behalf of the student in connection with the student’s participation in SAVY is correct and complete;
• give permission for the student to view movies that are rated G and PG, as well as in-class films and clips deemed to be of educational value, while participating in SAVY.
• agree that SAVY has the right to alter arrangements concerning the location, content, and instructor of the program if it deems such action is advisable;
• agree that SAVY has the right to cancel a Saturday session in the event of inclement weather and understand that SAVY is unable to offer refunds for weather cancellations and/or if students are unable to attend the make up dates, if applicable; for more information regarding the inclement weather policy, please visit our website at http://pty.vanderbilt.edu.
• agree that if the student should suffer an injury or illness while participating in SAVY or any other activity associated with SAVY, I authorize the employees of VU to use their discretion to have my child treated at or transported to the nearest medical facility and I take full responsibility for that action;
• agree to be responsible for any losses (including reasonable attorneys fees and court costs) resulting from my child’s damage, vandalism, littering, or theft of VU property, property of a University community member or campus visitor, or any other property used during SAVY. Furthermore, I agree to indemnify Vanderbilt for any loss or damage to the premises, facilities, or equipment during SAVY.
• understand VU personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children’s Service. In addition to external reporting, Vanderbilt has a mandatory internal child abuse reporting procedure. If a staff member has reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, they are to consult the program director, and Risk Management (615-936-0660), or report via the Vanderbilt hotline at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-0004.

• agree, in consideration of Vanderbilt allowing my child to participate in SAVY, to hold harmless and indemnify Vanderbilt and its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my child, in consequence of any accident or injuries on the premises of Vanderbilt or in connection with the activity, except such liability or claim of liability as may result from gross or intentional negligence on the part of Vanderbilt. Said indemnification shall include, but not be limited to, court costs and attorneys’ fees.

I (the undersigned parent/legal guardian) understand and agree to the preceding terms regarding the student’s participation in SAVY. I further agree to abide by the rules and policies of this program. I certify that the student is capable of participating in SAVY, and I grant permission for the student to participate in all planned activities.

READ BEFORE SIGNING:

By providing my signature, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by me or my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

**The policies outlined in this document are effective from 8/1/2015 to 8/1/2016.

<table>
<thead>
<tr>
<th>Parent/Legal Guardian’s Signature</th>
<th>Date</th>
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| Parent/Legal Guardian’s Printed Name |
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

This form authorizes Vanderbilt University medical personnel to treat your child in the unlikely event of a serious illness or injury. Please read it carefully.

I, parent/legal guardian of,

____________________________________________________________________________

Student’s Name

____________________________________________________________________________

Student’s Date of Birth

an unemancipated minor, who is a participant in Saturday/Summer Academy at Vanderbilt for the Young (SAVY), do hereby consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon on the medical staff of the Vanderbilt University Student Health Center, Vanderbilt University Children’s Hospital or other licensed medical care providers. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment, or hospital care which may be deemed advisable.

In addition, I consent to allow the physicians and staff involved in any such treatment to share medical findings regarding this student with SAVY program coordinators and staff. I further authorize VU staff to provide basic, topical first aid for physical ailments including but not limited to scraped knees or insect bites. Ingestible medicine is provided either with prior parent permission or in an emergency situation as deemed appropriate by medical personnel.

I also understand that SAVY does not staff medical professionals. SAVY and its staff are not responsible for overseeing student medical needs.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in any SAVY activity by my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

**My signature indicates that I agree to the policies outlined on this document are effective from 8/1/2015 to 8/1/2016.

____________________________________________________________________________

Parent/Legal Guardian’s Signature

____________________________________________________________________________

Date

____________________________________________________________________________

Parent/Legal Guardian’s Printed Name
MEDIA AND DATA RELEASE

This form gives us permission to take a photo of your student and post it to Facebook/Instagram, etc., print it in a future catalog, or release it to a newspaper. We obscure any identifying material. Signing is optional.

Student’s Name

This release is a standard media release used by Vanderbilt University (hereinafter VU) for any person participating in an on-campus program or activity where university staff or designees may take photos and/or record video of the participants. Summer Academy at Vanderbilt for the Young staff often take photos of students, faculty, assistants, and other staff throughout each session for use in the slideshow, future Programs for Talented Youth (hereinafter PTY) catalogs, on our website or in other media as outlined below. By signing this release, you agree to allow your student to appear in such photos as well as any class, activity, and session photos.

- I authorize VU faculty, staff, the VU Media and Public Relations staff, other VU personnel and third party entities such as newspapers and television stations to make photographs or videos of me and/or my child to exhibit, publish, televise, or otherwise show said photographs or videos for educational and related purposes and to permit others to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs or videos.
- I further authorize VU to make and publish photographs, videos, or written/audio accounts of me (or my child) in newspapers, magazines, other publications, television, motion pictures, Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs, videos, or written/audio accounts.
- I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, or other showing of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televising, or other showing is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged. Often media outlets require that filmed participants’ names be published. I give permission for my name or my child’s name to be given to the media.
- I further agree to allow VU to collect and evaluate student data such as surveys, opinions, and coursework for research/evaluative purposes. This information may be published. Students will not be identified by name in research papers and such data will be used to further understanding of teaching, learning, and gifted education.
- I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my (or my child’s) ability to participate in this activity. I understand that this authorization may be revoked in writing at any time, except to the extent that action already taken in reliance of this authorization.
- I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health or other information.
- I understand that VU cannot protect me/my child from being photographed, videoed or potentially identified or named on social media sites, by others, including students or their families.
- I understand that authorization for use at the individual’s request will not expire.
- I agree to release, hold harmless and indemnify Vanderbilt University and its representatives against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind that may at any time hereafter be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen uses.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims as defined by the listed agreements. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

__________________________________________________________
Parent/Legal Guardian’s Printed Name

Parent/Legal Guardian’s Signature Date
**STUDENT EMERGENCY AND MEDICAL INFORMATION**

THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR STUDENT TO ATTEND SAVY. All information provided on this form is strictly confidential and will be treated as such by VU staff. We request this information for the health and safety of each student in the program.

**Student's Name:** __________________________________________

**Date of Birth:** ____________  **Grade:** ________  **Gender** (circle one)  *Male  Female*

**Primary Contact***

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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</table>

**Secondary Contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
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</table>

*Usually a parent/guardian, the primary contact is the first person we try to reach regarding the student. We attempt to get in touch with the secondary contact if the primary contact is not available.

**Emergency Contact 1†**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
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**Emergency Contact 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
</table>

† In case of an emergency, please list individuals we can contact should the primary and secondary contacts not be available.

**Authorized Pickup Information**

Please list all the individuals who are allowed to pick up the student. We assume primary/secondary and emergency contacts listed above are permitted to pick up the student. For all others, include name, phone number, and relationship to you/the student. Individuals picking up students should be prepared to show photo ID.

**Legal Alert**

List all information, such as legal custody, restraining orders, or other legal agreements that impact your child’s safety while attending SAVY.
Allergies

Please review items 1-4. Check the box and provide explanations where applicable.

1. _____ This student has no known allergies.

2. _____ This student is allergic to the following foods:

Causes anaphylaxis or other immediate reaction? (circle one)
Yes  No

If “Yes,” describe the reaction and what is done to manage it:

3. _____ This student is allergic to the following medications:

Causes anaphylaxis or other immediate reaction? (circle one)
Yes  No

If “Yes,” describe the reaction and what is done to manage it:

4. _____ This student has other significant allergies:

Causes anaphylaxis or other immediate reaction? (circle one)
Yes  No

If “Yes,” describe the reaction and what is done to manage it:

Check all that apply to your student:
☐ Asthma   ☐ Heart Trouble   ☐ Nose Bleeds
☐ Diabetes   ☐ Seizures   ☐ Fainting Spells

Please list and explain any condition that may require special care, diet, or restriction of activities for medical reasons.

Does your child carry any of the following:
☐ Epinephrine pen   ☐ Inhaler   ☐ Insulin   ☐ Other

List medications that your child takes (for emergency purposes only):

Student’s Physician: ______________________  Office Phone: ______________________
Insurance Information

Parents/Guardians are financially responsible for healthcare costs. All students must have health insurance during their time at SAVY.

Insurance Carrier or Plan Name: ________________________________
Carrier Phone Number: ________________________________
Policy Holder's ID Number: ________________________________
Group Number: ________________________________
Name of insured: ________________________________
Relationship to Student: ________________________________

*Attach a copy of your current insurance card*

Front of Insurance Card

Back of Insurance Card
Please list any dietary restrictions your student observes (such as vegetarian, vegan, gluten-free, kosher, halal, etc).

Student Photo
Please attach a recent headshot of your student. This photo will only be seen by PTY staff to help us learn names and to identify students quickly should the need arise.

Moreover, I agree that my child has been fever-free and free of flu-like symptoms, without the aid of medication, for the past 24 hours prior to SAVY.

Note: Our staff need prior notification of any dietary, health, or mobility restrictions. Please contact PTY admissions coordinator, Laura McLean (laura.mclean@vanderbilt.edu), at least one week prior if accommodations are needed.

I affirm that all information given is complete and accurate:

__________________________  _______________________
Parent/Legal Guardian’s Signature  Date
Parent Survey: Checklist of My Child’s Strengths

Returning parents: If you have filled out this checklist in the last 12 months, you do not need to do so, unless you would like to make changes.

Child’s Name: ____________________________________________

Please check any items that usually or often apply to your child.

___ Is very aware of physical surroundings
___ Asks questions about abstract ideas like love, world peace, relationships, or justice
___ Moves around a lot—is very active, sometimes seems hyperactive
___ Has long attention span for activities that interest her/him
___ Reacts intensely to noise, light, taste, smells, or touch
___ Is very emotional (e.g. cries, angers, or excites easily)
___ Is extremely curious—asks “Why?”, “How?”, “What if?”
___ Becomes so involved in a subject or content area that he/she is not aware of anything else—it is “lost in own world”
___ Has vivid imagination and may have trouble separating real from unreal
___ Is extremely creative—uses materials in unusual ways, makes up elaborate stories, sees many possible answers/solutions
___ Spends free time drawing, painting, writing, sculpting, or singing
___ Likes to play with words, uses advanced sentence structure and vocabulary
___ Is eager to try new things
___ Can concentrate on two or three activities at once
___ Has a strong sense of self-control
___ Has spontaneous and/or advanced sense of humor, understands jokes and puns of older students and adults

What additional information would you like your child’s SAVY teacher to know so that he/she may best meet your child’s learning needs?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Adapted from: Teaching Young Gifted Children in the Regular Classroom: Identifying, Nurturing, and Challenging Ages 4-9
Student Survey: All About Me

Returning students: If you have filled out this checklist in the last 12 months, you do not need to do so, unless you would like to make changes.

Name: 

What is your favorite subject or activity in school?

______________________________

__ What is your least favorite subject or activity in school?

______________________________

__ What hobbies do you have?

______________________________

__ What kind of books do you like to read?

______________________________

__ What do you like to do when you have free time at home?

______________________________

Please circle one of the following answers:

I work best:
  a. by myself.        b. with a partner.          c. with a group of classmates.

I understand something better after I:
  a. try it out.        b. think it through.       c. talk about it with someone.
  I remember best
  a. when I write things down. b. when I hear things. c. when I see things.

Please circle “Agree” or “Disagree” to the following questions:

I am shy before I get to know people.  Agree  Disagree
I will ask for help when I don’t understand something.  Agree  Disagree
I get frustrated easily.  Agree  Disagree
I am eager to try new things.  Agree  Disagree
I can concentrate on two or three activities at one time.  Agree  Disagree

Please feel free to add any other information about yourself that you would like your SAVY teacher to know.

______________________________