



## 2017 UC San Diego Overnight Parent/Guardian Release Form

Scan and upload this form to your Overnight Application

Alternatively, you may e-mail or fax this form to the corresponding office by 11:59pm on Tuesday, March 21st

BSU Overnight Program: Fax: 858-822-0658 | E-mail: [brc@ucsd.edu](mailto:brc@ucsd.edu)

IDEA Overnight Program: Fax: 858-822-3903 | E-mail: [idea@soe.ucsd.edu](mailto:idea@soe.ucsd.edu)

SIAPS Overnight Program: Fax: 858-534-7204 | E-mail: [siaps@ucsd.edu](mailto:siaps@ucsd.edu)

Student's Last Name First Name Middle Initial Date of Birth

- Any physical challenges that may require special assistance? ☐ yes ☐ no  
If yes, please describe: \_\_\_\_\_
- Any special dietary needs (i.e. food allergies, religious observance, vegetarian, etc.)? ☐ yes ☐ no  
If yes, please describe: \_\_\_\_\_
- Any medication allergies (i.e., penicillin, aspirin, etc.) or other allergies (latex, insect stings)? ☐ yes ☐ no  
If yes, please specify: \_\_\_\_\_
- Is the student being treated for any medical condition (i.e., asthma, diabetes, epilepsy, etc.)? ☐ yes ☐ no  
If yes, please specify: \_\_\_\_\_
- Is the student covered by medical insurance? ☐ yes ☐ no  
If yes, please specify company: \_\_\_\_\_ Group #: \_\_\_\_\_

### In case of emergency, please contact:

Name Relationship to Student  
Street Address City/State/Zip  
(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_)\_\_\_\_\_  
Daytime Phone Evening Phone Alternate Phone

### Parent/Guardian Certification and Signature (Please initial each line to indicate your agreement)

- \_\_\_ I authorize my student to participate in the UC San Diego Overnight Program from April 6-8, 2017
- \_\_\_ I understand that the decision for my student to participate in the Overnight Program requires a reasonable level of participation from my student. It is expected that my student follow all policies set forth by UC San Diego staff.
- \_\_\_ I understand that the residence hall to which my student will be assigned for the Overnight Program may not be associated with the college within UC San Diego to which the student has been admitted.
- \_\_\_ I understand that the Overnight Program is limited to the UC San Diego campus, and I agree that my student must remain on campus with a UC San Diego staff member or Overnight volunteer for the duration of the program.
- \_\_\_ I understand that should my student choose to abandon the program and/or leave the campus, I will not hold UC San Diego responsible. I recognize that upon my student's absence from the program, the emergency contact listed above will be notified.
- \_\_\_ I understand that there is a zero-tolerance alcohol and drug policy. My student must not consume alcohol or drugs during the program, nor will they bring alcohol and/or drugs with them to the program. In the event that it is made aware that my student possesses and/or consumes alcohol and/or drugs, the emergency contact will be contacted immediately and will be dismissed from the program.
- \_\_\_ I understand that in the event of an accident or illness, I authorize UC San Diego staff members to take necessary steps to provide first aid to my student. If my student needs medical attention, my health insurance carrier will be used if necessary. If I have insufficient or no medical insurance, I will be liable for any outstanding medical expenses. In case of emergency, the emergency contact listed above will be notified.

Parent / Guardian Full Name (please print) Parent/Guardian Signature Date

Student Signature Date