2017UC 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 8:00 am on Tuesday, March 21st

BSU Overnight Program: Fax: 858-822-0658 | E-mail: brc@ucsd.edu
IDEA Overnight Program: Fax: 858-822-5870 | E-mail: idea@ucsd.edu
SIAPS Overnight Program: Fax: 858-534-7204 | E-mail: overnightspacesucsd@gmail.com

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

1. Any physical challenges that may require special assistance? ☐ yes ☐ no
   If yes, please describe: _____
2. Any special dietary needs (i.e. food allergies, religious observance, vegetarian, etc.)? ☑ yes ☐ no
   If yes, please describe: _____
3. Any medication allergies (i.e., penicillin, aspirin, etc.) or other allergies (latex, insect stings)? ☐ yes ☐ no
   If yes, please specify: _____
4. Is the student being treated for any medical condition (i.e., asthma, diabetes, epilepsy, etc.)? ☐ yes ☐ no
   If yes, please specify: _____
5. 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

___ 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 _____

_____ _____