



UC San Diego Virtual Overnight Parent/Guardian Release Form

Scan and upload this form to your Overnight Application
Alternatively, you may e-mail this form to the corresponding office:

IDEA Virtual Overnight Program: E-mail: idea@eng.ucsd.edu
SPICEE Virtual Overnight Program: E-mail: overnightspaceucsd@gmail.com

Student's Last Name

First Name

Middle Initial

Date of Birth

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 (UCSD) Virtual Overnight Program.
- I understand that the decision for my student to participate in the Virtual Overnight Program requires a reasonable level of participation from my student. It is expected that my student follows all policies set forth by UC San Diego staff.
- I authorize the Overnight Program to send text messages in various formats and contents related to the program to my student.
- I understand that should my student choose to abandon the virtual program, I will not hold UCSD 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 virtual program, nor will they be seen to have alcohol and/or drugs with them to the virtual program. In the event I am made aware that my student possesses and/or consumes alcohol and/or drugs, the emergency contact will be contacted immediately, and my student will be dismissed from the program.
- 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.
- If my student needs medical attention, that results in missing a part of the program, I am obligated to notify an Overnight Program Staff member.

Parent/Guardian Full Name (please print)

Parent/Guardian Signature

Date

Student Signature

Date