

NMH UB Permission and Waiver Form

Parents and Guardians: We require the following permissions for any student interested in being part of our Program. Please sign all four Permission/Waivers and return this form with the student application.

STUDENT NAME: _____

DATE: _____

By signing after each of the following statements you are consenting to each waiver for the duration of your child’s time at Upward Bound. These waivers will cover your student and the NMH Upward Bound Program until the student graduates from the program.

Permission for Medical Treatment

I hereby give permission to the NMH Upward Bound Program to provide regular medical care and, in case of an emergency, to hospitalize, secure treatment, order injection or minor surgery for my child. I also give permission for UB to share necessary information with insurance companies. In addition, I understand that Upward Bound will make every effort to reach me in the event of an emergency concerning my child.

Parent/Guardian Signature: _____

Personal Waiver

I waive, release, and discharge the NMH Upward Bound Program, its staff, and school from all rights and claims for damages, injuries, loss of person or property which may be sustained or occur during participation in any Upward Bound activities.

Parent/Guardian Signature: _____

Cognitive Testing

I give permission for my child to participate in cognitive testing while at Upward Bound. Testing will be done by a licensed psychologist or by a graduate student in psychology who will be supervised by a licensed psychologist. Strict confidentiality will be maintained. Results may be used to support my child’s college applications.

Parent/Guardian Signature: _____

Photographic, Video, Audio and Website Consent and Release

I give permission to the Upward Bound Program at Northfield Mount Hermon School to use photographs and videos of my child for Upward Bound educational and promotional materials including the Upward Bound website. These materials may be used throughout their time with Upward Bound. Names of students and other identifying characteristics will not be used.

Parent/Guardian Signature: _____