



ACCEPTANCE CHECKLIST FOR RESIDENTIAL STUDENTS

Welcome to the 2016 College Preparation Program!

Please keep in mind that all enrollment forms must be returned within 2 weeks of acceptance. Admission into the College Prep Program is on a rolling basis, so we cannot guarantee your spot will be held after this time. You will not be registered in your course(s) or assigned housing until all applicable forms have been returned to us.

Please keep copies of all your materials. All forms must include appropriate hand-written signatures, computer generated signatures will not be accepted.

ALL Residential students:					
	Standards of Conduct Contract	(Residents)			
	□ Waiver and Release Form				
	Room and Board Application				
	□ Summer Program Health Services Consent Form				
	Summer Program Health Record	d			
	□ Photocopy of Health Insurance Card				
Optional forms (also available online):					
	□ Automobile Permission Form (for Residential students only)				
	□ Off-Campus Overnight Stay Form (for Residential students only)				
Intern	ational students only:				
	☐ I-20/DS 2019 Request Form and all required documentation must be submitted to the International Office. See your admission letter for details.				
Contact our office if you already have an I-20 from another institution, such as a U.S. high school, as you may not be required to request a student visa from Northwestern University.					
	Please retu	ırn all forms by one of the following	g methods:		
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Email(preferred): cpp@northwestern.edu

Fax: 847-491-3660

Mail: Northwestern University The College Preparation Program 405 Church St. Evanston, IL 60208-4220





STANDARDS OF CONDUCT CONTRACT (RESIDENTS)

To ensure a beneficial, enjoyable, and safe experience while enrolled in our program, we require that you adhere to the following standards of conduct. Discuss the terms of this contract with your parent or guardian, then sign and return.

Attendance: Except in cases of serious illness, students are required to attend the College Prep seminars and all classes for which they are registered. If a student is to be absent from the campus during any of these scheduled classes, he/she must obtain advanced written permission from the Resident Director. The course instructor's approval may be required as well. Students who miss more than two classes must meet with the Resident Director for counseling. If the Resident Director concludes that all academic obligations are not being met, she will consult with the student and the student's parents about securing additional help, or may suggest withdrawal from the program.

Academic conduct: Students must abide by the academic rules of conduct established by Northwestern University, including the guidelines of the Statement of Academic Integrity included in the CPP Student Handbook. Cheating or plagiarism in any Summer Session class or in the IN FOCUS seminars may be cause for dismissal from the program and from the University. Please read the Statement of Academic Integrity carefully.

Living arrangements: Residents are required to live in the room and residence hall designated to them by the College Preparation Program and may not sleep over in any other hall or room.

Curfew: All College Prep students must check-in at the residence hall with a Resident Advisor by 10pm, Sunday—Thursday and 11pm, Friday—Saturday, unless accompanied by a staff member of the College Preparation Program. Residents are required to remain inside the residence hall from curfew until 6am every day. Failure to check-in and leaving the hall after check-in without permission are serious violations and will be dealt with accordingly.

Quiet hours: Monday–Friday 11pm–9am, and Saturday–Sunday 12am–10am. Students may play music softly with room doors closed. This rule does not apply to common areas designated by Resident Advisors.

Off-campus stays: Except in the case of emergencies, college credit course students may request up to two weekday evenings and one weekend away from the residence hall during the course of the program. Off-campus stays must be authorized at least 24 hours in advance by the student's parent or legal guardian and the Resident Director. CPP IN FOCUS participants will be permitted off-campus stays in special circumstances, and should discuss this with the Resident Director individually.

Visitors: Only staff and residential College Prep students may visit residential floors of the dormintory unless permitted specifically by residential staff. Guests must vacate the residence hall common areas by curfew. Overnight guests are not permitted.

Extracurricular activities: The program staff organizes many supervised extracurricular excursions beyond campus during the summer, all of which provide students with ample opportunity to explore the area. Sign-up sheets for such events will be available in the residence hall or conducted through email or Facebook.

Students may explore the area unaccompanied by program staff, but must inform a program staff member before doing so and must return for check-in by the specified time. Note: this rule does not apply to absences approved by parental consent.

Students should remember that as mature participants in the College Preparation Program, attendance is not required at most extracurricular activities. The aim of the program is to give students a realistic and rewarding experience of college life. This includes individuals assuming responsibility for scheduling their time and fulfilling all academic obligations before participating in extracurricular activities. Students should always consider academic priorities before accepting an invitation to an outing.

Automobiles: Students may not operate motor vehicles on campus while enrolled in the program, and may not ride in motor vehicles except those operated by immediate family members, Northwestern staff, or when accompanied by staff members of the program.

Respect for self and others: Students must maintain a high level of respect for each individual in the program and in the University community at all times. Verbal, written, sexual, or physical harassment/harm of any kind to any person including self will not be tolerated and may be cause for dismissal from the program and the University.

Respect for property: Students may not physically damage or vandalize the residence hall and classrooms, or any other University or private property. This includes but is not limited to defacing trees, walls, sidewalks, and structures on or off campus. Students may not physically damage or vandalize another student's personal property. Such damage or vandalism will not be tolerated and may be cause for dismissal from the program and from the University.

Smoking: Students may not smoke while they are a part of the program. Matches, cigarette lighters, candles, or any other device producing an open flame are not permitted in the residence hall.

Standards of Conduct Contract (RESIDENTS)

Alcohol and drugs: Alcoholic beverages, narcotics, and any other controlled substances are prohibited, except in the case of valid prescriptions. Students who purchase, consume, use, sell, distribute, or possess such substances face dismissal from the program. Furthermore, it should be understood that the use of any substance, including but not limited to, over-the-counter medicines, in a manner not in accordance with labeling or common nutritive applications is strictly prohibited and violates the Standards of Conduct.

Firearms and weapons: The possession or use of firearms, ammunition, BB guns, air rifles, firecrackers, explosives, sling-shots, knives (including pocket knives), or other weapons of any description, for any purpose, is prohibited. Any violation of this rule will result in immediate dismissal from the program.

Consequences of dismissal: There will be no refunds of any kind or cancellation of room and board charges for a student who is dismissed from the College Preparation Program for rules infractions. The College Prep Program reserves the right to provide the fact and reason for this dismissal to the Northwestern University Office of Undergraduate Admissions.

Financial obligations: Students and/or their parents or legal guardians are responsible for fulfilling their financial obligations to Northwestern University. Any student whose account becomes overdue must pay a late payment fee(s). In addition, the student and/or the parents or legal guardians are liable for any costs associated with the collection of the past due account, including, but not limited to, collection agency costs, court costs, and legal fees.

Your student account will be charged the following: your individual program fee, tuition, any lab fees, room/board charges, and any other additional charges you may have requested or incurred (i.e. Cat Cash added to your account, parking fees, late fees, lost room key, etc.). Program costs are listed on the CPP website and in your student handbook

These regulations are for your safety and cannot realistically cover all situations. The preclusion of actions or behaviors from those listed in this document does *not* deem them permissible. The Resident Advisors, Resident Director, and Director of Summer Session will determine whether rules have been violated and what disciplinary action, if any, should be taken. This contract includes the "Residence Hall Rules and Regulations," available at www.northwestern.edu/reslife.

If a student is dismissed from the program and has reason to believe the dismissal is unjustified, he or she may file an appeal to the NU CPP Appeals Committee. Appeals will be limited to errors in procedures, the interpretation of regulations or the question of whether the student was in actual violation of a rule. The decision of the Appeals Committee is final.

<u>Please note</u>: Students may be photographed, video recorded, or interviewed by Northwestern University staff to promote the College Preparation Program. Student and Parent/Guardian(s) grant Northwestern University permission to use the Student's likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Northwestern University, in perpetuity, and for other use by the University. Neither the Student nor Parent/Guardian(s) will make any monetary or other claim against Northwestern University for the use of the interview and/or the photograph(s)/video.

Student and Parent/Guardian hereby indicate their understanding and acceptance of the regulations and disclosures contained in this document. The Student further authorizes representatives of Northwestern University's College Preparation Program to discuss with his or her parent/guardian(s) any significant academic, administrative or disciplinary matter related to the student's enrollment in the program.

Student name Student Handwritten Signature Date

Parent/Guardian name Parent/Guardian Handwritten Signature Date

Email(preferred):
cpp@northwestern.edu

Fax: 847-491-3660

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Mail: Northwestern University
The College Preparation Program
405 Church St.
Evanston, IL 60208-4220





WAIVER AND RELEASE

Please read this form carefully and be aware that by registering and participating in the College Preparation Program (CPP) sponsored by the School of Professional Studies Summer Session at Northwestern University, you will be waiving all claims for injuries your child might sustain arising out of program activities, including field trips.

I recognize and acknowledge that there are certain risks of physical injury to participants in the College Preparation Program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims against Northwestern University, its officials, agents, volunteers and employees that my minor child/ward or I may have (or that may accrue to me or my minor child/ward) as a result of participating in the College Preparation Program.

I do hereby fully release and forever discharge Northwestern University from any and all claims for injuries, damages, or loss including transportation services when provided, that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the College Preparation Program.

I have read and fully understand the above waiver and release of all claims.

Parent/Guardian Handwritten Signature	Parent/Guardian Printed	I name Date
Student name (Name of College Preparation Progr	am participant)	
	Please return form by:	
Email(preferred): cpp@northwestern.edu	Fax: 847-491-3660	Mail: Northwestern University The College Preparation Program 405 Church St

Evanston, IL 60208-4220





ROOM AND BOARD APPLICATION AND KEY DEPOSIT AGREEMENT

Room and board cost per week is \$447. (This included bed and 21 meals and will be billed to your student account.)

Housing will be provided to you from the Sunday before your course/seminar begins until the <u>Saturday following your last class meeting</u>. Students must check out of the dorm by noon.

Meal plans consist of 21 meals per week in a designated University dining hall. The meal plan is mandatory and *cancellation of meal plans is not permitted*. Additionally, plans do not include snacks or meals taken at any other on- or off-campus facility.

Student Name	First:	Last:					
	ge credit course student:	nd by the course(a) you choose. Your official move	o out data will be the Saturday of the week your gourse.				
ends. Stude	Your program length will be determined by the course(s) you choose. Your official move-out date will be the Saturday of the week your cours ends. Students must check out of the dorm by noon. I require housing from Sunday, June 19 until Saturday July 9 (3 weeks) Saturday July 16 (4 weeks)						
Saturday July 30 (6 weeks) I am enrolling in one of the following IN FOCUS seminars which requires housing from Sunday, June 19 until Saturday, July 2: Insight into Medicine Modern Cosmology Racism, Civil Rights, and the History of Social Justice I am enrolling in one of the following IN FOCUS seminars which requires housing from Sunday, July 3 until Saturday, July 16: Bioethics Legal Interpretation The Art of Narrative: Fiction Writing Humanitarianism & Global Justice Critical Thinking for College and Beyond am enrolling in one of the following IN FOCUS seminars which requires housing from Sunday, July 17 until Saturday, July 30: Bioscience Research Humanitarianism & Global Health Writing for College Success Sharing, Shaping, and Creating Knowledge on Social Media Explorations in Art & Culture							
Do you have any die	TIONS/SPECIAL NEEDS etary restrictions? If yes,		ase provide any information relevant to your room				
assignment. Attach HOUSING AND KEY I hereby apply for Un the College Preparati	a separate sheet if neces DEPOSIT AGREEMENT iiversity housing. I understoon Program and that room	and that the allocation of rooms is subject to the	decision of the Undergraduate Housing Office and ession. I understand that if I lose my assigned room				
Student name		Student Handwritten Signature	Date				
Parent/guardian name	е	Parent/guardian Handwritten Signatu	ure Date				
••	oreferred): hwestern.edu	Fax: 847-491-3660	Mail: Northwestern University The College Preparation Program 405 Church St., Evanston, IL 60208- 4220				



Dear College Prep Program Student,

The Northwestern University Health Service provides quality medical care to Summer Program students. Services include General Medicine, Women's Health, Health Education, Pharmacy, Laboratory, Radiology, and Allergy Clinic. Further information can be found on the Internet at http://www.nuhs.northwestern.edu.

In order to attend classes, you <u>must complete the Admission Health Record form</u> and submit it no later than 3 weeks prior to the start of your program. <u>The form should be returned to the office of the Summer Program you are attending</u>. In addition, please pay attention to Part III of the form which asks "Does this student have special needs?" Every year some summer program students present to Northwestern with a variety of special needs that have not been noted or discussed beforehand (e.g., allergy or growth hormone injections), causing disruption for all concerned.

Information on this form is confidential; it will not be used to discriminate, to deny healthcare, or to affect admission status.

<u>All</u> office visits with the practitioners and <u>some</u> basic diagnostic tests done at the Northwestern University Health Service are free of charge to students enrolled in the University's summer programs. Please note that you and your parents or legal guardian are financially responsible for all costs of any services rendered at the Health Service (beyond those covered above) or for any healthcare received outside the Health Service.

It is strongly recommended that all students be protected by coverage under a comprehensive hospitalization plan. Please make sure that you return a photocopy of a valid health insurance card.

Please make a copy of the Admission Health form for your own record and to have a backup in case the original gets lost in the mail.

This letter is for your reference; it does not need to be returned to the summer program office.

We hope your summer visit to Northwestern University is filled with excitement and good health.

Following pages: Health Services Consent Form Summer Program Health Record





SUMMER PROGRAM HEALTH SERVICES CONSENT FORM PERMISSION FOR MEDICAL TREATMENT AND SHARING OF MEDICAL INFORMATION

As the parent/guardian of my minor (under 18 years of age) son or daughter, I hereby authorize:

The sharing/exchange of relevant medical information between summer program representatives (officials, faculty, dormitory staff), other University representatives (faculty, staff, employees), Northwestern University Health Service, and, for the purpose of diagnosis and/or treatment, other medical providers. Each of the above individuals or entities is also authorized to communicate and discuss with the parents/guardians/emergency contacts of my minor child health, academic, administrative or disciplinary matters related to his/her enrollment in the summer program.

The transportation of my minor child, in either a private or university vehicle, by dorm counselors or summer program staff, to on-campus or off-campus medical appointments/care should such be required.

The provision, by the Northwestern University Health Service, of such diagnostic, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary for my minor son/daughter. Any and all related expenses will be the responsibility of the student and/or parent/guardian. I further understand that under certain appropriate circumstances my son/daughter will be transported to area hospitals for diagnosis and/or treatment.

I understand that summer program representatives or Northwestern University Health Service staff will make reasonable efforts to contact and inform me or another parent/guardian/emergency contact before performing non-routine diagnostic/treatment procedures except in an emergency, and similar efforts will be made following any treatment at the Northwestern University Health Service.

Handwritten signature (parent/legal guardian)

Printed name (parent/legal guardian)

Date

Student name (Name of College Preparation Program participant)

Please return form by:



Fax: 847-491-3660

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Mail: Northwestern University
The College Preparation Program
405 Church St.
Evanston, IL 60208-4220

2016

NORTHWESTERN UNIVERSITY COLLEGE PREPARATION PROGRAM HEALTH RECORD



Email to: cpp@northwestern.edu
Fax to: 847-491-3660
Mail to: College Prep Program
405 Church St.
Evanston, IL. 60208

*For questions regarding form, call above program

Please print or type this form Specify Program:			ı	PART I—STUDENT	'S DEMOGRAPHICS			
Name:				Please print o	r type this form			
Clast Circle City State Zip Phone: Address: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Pho	Specify year: Summer of	Specify Pr	ogram:		Today's Date:			
Birth Date:								
Home Address: No. Street City State Zip Phone:	(Last)			(Firs	t)			(MI)
Name of Parent(s), Spouse, or Guardian (circle one): Address: No. Street City State Zip Country Telephone: Work \	Birth Date:			MaleFem	ale			
Name of Parent(s), Spouse, or Guardian (circle one): Address: No. Street City State Zip Country Telephone: Work	Home Address:)		
Address: No. Street City State Zip Country Telephone: Work (No. Str	eet	С	ity State	e Zip			
No. Street City State Zip Country Telephone: Work () Home () E-mail Address: In case of Emergency, Notify (if a different person than parent, spouse, or guardian listed above) Name: Relationship: Address: Relationship: Relationship: Address: Relationship: Relationship: Telephone: Work () State Zip Country Telephone: Work () Home () E-mail Address: No. Street City State Zip Phone: (Name of Parent(s), Spouse, or Guardi	an (circle o	ne):					
Telephone: Work ()	Address:							
In case of Emergency, Notify (if a different person than parent, spouse, or guardian listed above) Name:	No. Street		City	State	Zip Country			
Name: Relationship: Address: No. Street City State Zip Country Telephone: Work (Telephone: Work ()			Home ()	E-mail Address:			
Address: No. Street City State Zip Country Telephone: Work (In case of Emergency, Notif	y (if a	differe	nt person than pare	nt, spouse, or guardian listed	above)		
No. Street City State Zip Country Telephone: Work ()	Name:				Relationship:			
No. Street City State Zip Country Telephone: Work ()	Address:							
Name of Healthcare Provider or Clinic that you usually consult for medical care: Address: No. Street PART II — HEALTH HISTORY Please check any of the following that apply and note next to each the diagnosis and date when the condition started. 1. ALLERGIES/ADVERSE REACTIONS TO MEDICATIONS/FOOD/INSECTS/OTHER? No Yes—please specify 2. DO YOU TAKE ANY MEDICATIONS ON A FREQUENT OR REGULAR BASIS? No Yes—please list Please list ALL prescription AND nonprescription medications AND supplements: 3. HAVE YOU EVER HAD ANY HEALTH PROBLEMS, SURGERIES/OPERATIONS, OR HOSPITALIZATIONS? Check each item: No Yes Diagnosis/Date Check each item: Asthmia Heart condition, disease, or murmur Attention Deficit/Hyperactivity Dis. Chicken Pox/Varicelia Depression or Anxiety (specify) Mononucleosis/Epstein-Barr Virus Diabetes Mellitus Emotional/Psychological problems Wiral Hepatitis (specify—A, B, C, 2) Viral Hepatitis (specify—A, B, C, 2)	No. Street				State	Zip		Country
Address: No. Street City State Zip Phone: (Telephone: Work ()			Home ()	E-mail Address:			
Address: No. Street City State Zip Phone: ()	Name of Healthcare Provider or Clinic	that you us	sually cons	ult for medical care:				
PART II — HEALTH HISTORY Please check any of the following that apply and note next to each the diagnosis and date when the condition started. 1. ALLERGIES/ADVERSE REACTIONS TO MEDICATIONS/FOOD/INSECTS/OTHER? No Yes—please specify 2. DO YOU TAKE ANY MEDICATIONS ON A FREQUENT OR REGULAR BASIS? No Yes—please list Please list ALL prescription AND nonprescription medications AND supplements: 3. HAVE YOU EVER HAD ANY HEALTH PROBLEMS, SURGERIES/OPERATIONS, OR HOSPITALIZATIONS? Check each item: No Yes Diagnosis/Date		, , , , , , ,	,					
Please check any of the following that apply and note next to each the diagnosis and date when the condition started. 1. ALLERGIES/ADVERSE REACTIONS TO MEDICATIONS/FOOD/INSECTS/OTHER?			City	State				
Please check any of the following that apply and note next to each the diagnosis and date when the condition started. 1. ALLERGIES/ADVERSE REACTIONS TO MEDICATIONS/FOOD/INSECTS/OTHER?								
Check each item: No Yes Diagnosis/Date Check each item: No Yes Diagnosis/D Appendectomy Epilepsy/Seizure Disorder Epilepsy/Seizure Disorder Asthma Heart condition, disease, or murmur Attention Deficit/Hyperactivity Dis. HIV test Positive or AIDS Chicken Pox/Varicella Migraine Headaches Depression or Anxiety (specify) Mononucleosis/Epstein-Barr Virus Diabetes Mellitus Splenectomy Eating Disorder/Anorexia/Bulimia Tonsillectomy Emotional/Psychological problems Viral Hepatitis (specify—A, B, C,?)					ULAR BASIS?	Yes—pl	ease li	st
Check each item: No Yes Diagnosis/Date Check each item: No Yes Diagnosis/D Appendectomy Epilepsy/Seizure Disorder Epilepsy/Seizure Disorder Asthma Heart condition, disease, or murmur Attention Deficit/Hyperactivity Dis. HIV test Positive or AIDS Chicken Pox/Varicella Migraine Headaches Depression or Anxiety (specify) Mononucleosis/Epstein-Barr Virus Diabetes Mellitus Splenectomy Eating Disorder/Anorexia/Bulimia Tonsillectomy Emotional/Psychological problems Viral Hepatitis (specify—A, B, C,?)								
Appendectomy Asthma Heart condition, disease, or murmur Attention Deficit/Hyperactivity Dis. Chicken Pox/Varicella Depression or Anxiety (specify) Diabetes Mellitus Eating Disorder/Anorexia/Bulimia Emotional/Psychological problems Epilepsy/Seizure Disorder Heart condition, disease, or murmur HiV test Positive or AIDS Migraine Headaches Mononucleosis/Epstein-Barr Virus Splenectomy Tonsillectomy Viral Hepatitis (specify—A, B, C,?)								Diagnosis/Dato
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Diabetes Mellitus Eating Disorder/Anorexia/Bulimia Emotional/Psychological problems Splenectomy Tonsillectomy Viral Hepatitis (specify—A, B, C,?)	•							
Eating Disorder/Anorexia/Bulimia Tonsillectomy Emotional/Psychological problems Viral Hepatitis (specify—A, B, C,?)	Depression or Anxiety (specify)				Mononucleosis/Epstein-Barr Virus			
Emotional/Psychological problems Viral Hepatitis (specify—A, B, C,?)	Diabetes Mellitus				Splenectomy			
					· ·			
Other surgical/medical condition not listed:	Emotional/Psychological problems				Viral Hepatitis (specify—A, B, C,?)			
Do you have a disability? ☐ No ☐ Yes Please explain:								

Name:Date of Birth:
PART III—SPECIAL NEEDS
DOES THIS STUDENT HAVE SPECIAL NEEDS OR SPECIAL INSTRUCTIONS FOR HEALTH CARE? No Yes Please explain:
PART IV—IMMUNIZATIONS
Because Summer Program students are not defined as full-time students by the State of Illinois, they are <u>not required</u> to provide proof of immunization against a number of infectious diseases. Nevertheless, Northwestern University <u>strongly recommends</u> that parents make sure that their child's' immunizations are up to date. By doing so, the risk of disease is reduced for all Summer Program students.
The following vaccinations (which most children in the United States should have had as part of their regular vaccinations during childhood) are recommended:
Measles, Mumps, and Rubella vaccine which is typically administered as an "MMR" Tetanus/Diptheria/Pertussis vaccine which may be in the form of "DPT", "TDap", or "DTap"
Because there are numerous childhood vaccinations which are given on varying schedules, the easiest approach is to speak with one's pediatrician or family physician to ensure that your child is fully immunized against measles, mumps, rubella (German measles), tetanus (lockjaw), diptheria, and pertussis (whooping cough).
In addition, if there is any reason to suspect that your child has been exposed to tuberculosis (TB), he or she should be tested, either by a skin test ("PPD") or a blood test (e.g., "TB Quantiferon Gold")
My child has completed the following vaccinations: (Circle)
1. Measles (Rubeola) - Yes No Unknown
2. Mumps - Yes No Unknown
3. Rubella (German Measles) - Yes No Unknown
4. Tetanus/Diphtheria - Yes No Unknown Date of last Tetanus/Diphtheria vaccination:
5. Tetanus/Diphtheria/Pertussis - Yes No Unknown Date of last Tetanus/Diphtheria/Pertussis vaccination:
5. Varicella (Chicken Pox) - Yes No Unknown
PART V—PERMISSION FOR TREATMENT BY NORTHWESTERN UNIVERSITY HEALTH SERVICE
All students are advised to always carry their NU identification cards and the name, address, and policy number of their medical insurance. Students under the age of 18 are reminded to obtain and keep in their possession a permission-for-treatment letter signed by a parent or legal guardian in case of emergencies. Northwestern University reserves the right to have any student admitted to the University examined by a Health Service physician. PERMISSION FOR TREATMENT OF PERSONS UNDER AGE 18 YEARS (MINORS)
SUMMER PROGRAM CONSENT/PERMISSION FOR MEDICAL TREATMENT AND SHARING OF MEDICAL INFORMATION
As the parent/guardian of my minor (under 18 years of age) son or daughter, I hereby authorize: 1) The sharing/exchange of relevant medical information between summer program representatives (officials, faculty, dormitory staff), other University representatives (faculty, staff, employees), Northwestern University Health Service, and, for the purpose of diagnosis and/or treatment, other medical providers. Each of the above individuals or entities is also authorized to communicate and discuss with the parents/guardians/emergency contacts of my minor child health, academic, administrative or disciplinary matters related to his/her enrollment in the summer program. 2) The transportation of my minor child, in either a private or university vehicle, by dorm counselors or summer program staff, to on-campus or off-campus medical appointments/care should such be required.
3) The provision, by the Northwestern University Health Service, of such diagnostic, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary for my minor son/daughter. Any and all related expenses will be the responsibility of the student and/or parent/guardian. I further understand that under certain appropriate circumstances my son/daughter will be transported to area hospitals for diagnosis and/or treatment. I understand that summer program representatives or Northwestern University Health Service staff will make reasonable efforts to contact and inform me or another parent/guardian/emergency contact before performing non-routine diagnostic/treatment procedures except in an emergency, and similar efforts will be made following any treatment at the Northwestern University Health Service.
Studentia Handurittan Cirnatura
Student's Handwritten Signature Date

Handwritten Signature of parent/guardian

Relationship





Northwestern COLLEGE PREP

HEALTH INSURANCE INFORMATION

Name:	
Date of Birth:	
nsurance Company:	_
Insurance Card Number:	
nsurance Group Number:	
Phone Number:	
Address:	
Please provide a copy (front/back) of your current insurance ca	

Please return form by:





Fax: 847-491-3660



Mail: Northwestern University The College Preparation Program 405 Church St. Evanston, IL 60208-4220





Mail: Northwestern University

The College Preparation Program

405 Church St. Evanston, IL 60208-4220

Email: cpp@northwestern.edu • Phone: 847-467-6703 • Fax: 847-491-3660

OFF CAMPUS/OVERNIGHT STAY FORM

Parents/guardians of residential CPP students:

Email(preferred):

cpp@northwestern.edu

- Use this form to inform CPP staff when your son/daughter has your permission to leave campus after check-in hours (After 10pm Sun-Thurs and After 11pm Friday & Saturday)
- This form must be submitted for all off-campus stays, including those in which a student will be traveling with you or another parent/legal guardian.
- Email, fax, or send this form to the CPP office at least **24 hours prior** to your son/daughter leaving campus overnight.

Please return form by:

Fax: 847-491-3660

The use of this form ensures that our staff is aware of your child's location while they are participating in the College Prep

Students may request no more than **one weekend away** from Northwestern throughout the duration of the program.

Program. It helps avoid confusion at the nightly check-in, and is also for your son/daughter's safety.

Please contact the Resident Director if you need to request additional time.

 Requests received after normal business hours (9:00am to 5:00pm Monday-Friday) will not be reviewed until the following business day.

per the details below student
student
Date





Mail: Northwestern University

The College Preparation Program

405 Church St. Evanston, IL 60208-4220

Email: cpp@northwestern.edu • Phone: 847-467-6703 • Fax: 847-491-3660

AUTOMOBILE PERMISSION FORM

Parents/guardians of residential CPP students:

Email(preferred):

cpp@northwestern.edu

Use this form to inform CPP staff that your son/daughter has your permission to ride in the vehicle with someone other than a parent/legal guardian

- This form must be submitted for relatives, such as sibling and grandparents.
- Form must be received at least 24 hours prior to your son/daughter traveling in a vehicle with anyone listed below.

Please return form by:

Fax: 847-491-3660

The use of this form ensures that our staff is aware of the person(s) with whom your child may travel in a vehicle. A separate form for off-campus stays must be submitted if your child will be leaving campus overnight at any time. Students

must always sign out of the residence hall with a residence staff member even if they are not leaving overnight.

• Requests received after normal business hours (9:00am to 5:00pm Monday-Friday) will not be reviewed until the following business day.

Student name:		
The following is a list of people in whose vehicle my chil Program:	ld may ride in while a participant in the C	ollege Preparation
Full name	Relationship to	student
	·	
Handwritten signature (Parent/Legal Guardian)	Printed name	Date
Parent/guardian phone:		
Parent/guardian email:		
CPP OFFICE USE ONLY Date received:		2016