

MICHIGAN INTERSCHOLASTIC PRESS ASSOCIATION SUMMER JOURNALISM WORKSHOP

HEALTHFORM This form must be filled out and signed to complete your registration. Return by **mail** to: MIPA, 404 Wilson Road Room 305, East Lansing, MI 48824; **fax** to 517-355-7710 or **email** to mipa@msu.edu

MEDICAL TREATMENT AUTHORIZATION. Your child will be involved in the Michigan Interscholastic Press Association Summer Journalism Workshop at Michigan State University from July 29–Aug. 2, 2018. This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant’s full legal name:

Last First M.I.

Mailing Address:

Birth date (MM/DD/YYYY): ____ / ____ / ____

HEALTH INSURANCE INFORMATION

Policyholder’s name/relationship to patient: _____

Policyholder’s address: _____

Please attach a photocopy of both sides of your insurance card OR complete the following:

Insurance company name/address: _____

Insurance company phone number: (____) _____

All policy #s (please identify): _____

INFORMATION NEEDED ABOUT PARTICIPANT Please circle yes or no. If yes, explain below or on another sheet.

Please specify special needs, i.e. diet, handicapper accessibility, etc.: _____

Does the participant have any chronic problem or illness? NO YES

Does the participant have any acute illness now? NO YES

Has the participant been treated recently for a medical problem? NO YES

Does the participant have any allergies? NO YES

Any allergies to medication or local anesthetics? NO YES

Date of participant’s last tetanus shot: _____

List any medications being taken for treatment of a medical problem: _____

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up

Date

Emergency contact name: _____

Emergency contact phone: day (____) _____

evening (____) cell (____)

Primary care physician’s name: _____

Physician’s phone: (____) _____

Physician’s address: _____

If you have HMO insurance, list emergency treatment authorization phone number:

(____) _____

Name and address of policyholder’s employer: _____

Business phone: (____) _____

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POLICYFORM

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DEAR STUDENTS & PARENTS,

We know you will have a great experience at our workshop, but we do have some policies we need to enforce to make the week enjoyable and safe for everyone. We've summarized these policies below and will provide a program handbook to students and parents. Please sign this page to indicate that you understand and agree to our rules.

REFUNDS

- ▶ **Full refund until July 1 minus \$40 non-refundable deposit.** You may receive a 50 percent refund after July 1. We're sorry, but people who register, do not cancel and do not appear at the workshop will not receive a refund.
- ▶ Students who are sent home for violating workshop rules will not receive a refund. Students who choose to leave the workshop early for any reason will not receive a refund.

PAYMENT

- ▶ Workshop fees must be paid in full before we allow students to check in — even if the student's school is paying for part or all of the tuition. Please verify payment with your adviser and/or school office before coming to the workshop. **We will not allow ANY student to check in with unpaid tuition for ANY reason.** Students who owe a balance at registration must pay by cash, money order, cashier's check or credit card. Sorry, we will not accept a personal check at check in.
- ▶ Students who register after July 10 **MUST** pay by money order, credit card or cashier's check and pay a \$30 late fee.
- ▶ Bounced checks will be assessed a \$30 service fee and the student will be removed from registration until a credit card payment, money order or cashier's check for the registration amount plus the service fee has been received.

COMING TO AND LEAVING CAMPUS

- ▶ Students may not leave campus without workshop staff permission for the duration of our program.
- ▶ No students are to be in a car for the duration of the program without workshop staff permission.
- ▶ If it is necessary to temporarily leave the

workshop, parents must complete a permission form available from MIPA. Students must check out and in with the workshop office.

- ▶ Visitors must check in with the workshop office. Guests are not permitted on residential floors. Overnight guests are not permitted.
- ▶ For safety reasons and because of limited parking, MIPA strongly discourages students from driving to the workshop. If a student must drive, parents must complete a permission form and there is a parking fee of \$10. Contact the MIPA office at 517-353-6761 or mipa@msu.edu for details. Student who drive must turn in car keys to workshop staff for the duration of our program. MSU and/or MIPA cannot be responsible for any damages to a vehicle or for any tickets a student may receive because of wrongful parking.

LOST OR STOLEN ITEMS

MIPA and/or MSU will not be held responsible for lost or stolen items, such as cameras, electronics, etc. Please make sure you have adequate insurance coverage. Students should keep their rooms locked at all times.

PERMISSION TO RIDE IN A VEHICLE DRIVEN BY WORKSHOP STAFF

- ▶ Your child may ride in a vehicle to attend off-campus workshop activities or if he or she needs a ride to the on-campus health facility, etc.
- ▶ Any vehicle your child would be in will be operated by staff or a professional bus driver.
- ▶ MSU or workshop personnel will not transport your child to a medical facility in an emergency. An ambulance will be called if your child needs emergency transportation. Workshop personnel will accompany your child.

GENERAL RULES

- ▶ Students may not possess or use alcohol, illegal drugs, fireworks, guns or weapons. The use of all tobacco products is prohibited on campus.
- ▶ Do not damage university or personal property. Parents will be financially responsible for damage.
- ▶ Parents/students will be charged for lost keys and access cards.

- ▶ Students must be in the residence hall at 10 p.m. each night and in their rooms by 11 p.m. Students are not permitted to leave their floor or the dorm between 11 p.m. and 6 a.m.
- ▶ The following behaviors will not be tolerated:
 - ▶ Hazing and bullying (physical, verbal or cyber-bullying)
 - ▶ Violence of any kind
 - ▶ Harassment of participants or staff
- ▶ Do not enter the residential area of the opposite gender.
- ▶ Do not create excessive noise or horseplay, including removal of screens from windows or throwing items from the windows.
- ▶ Attend all workshop activities, including classes and evening sessions.
- ▶ This list is not all-inclusive.

CONSEQUENCES

- ▶ Workshop personnel will have the option to remove a student from the workshop for violation of our rules. If a student is dismissed from the workshop, parents will be called to come pick up their child immediately. A letter to parents and/or school advisers may follow disciplinary action.
- ▶ Violation of federal or state laws will result in immediate dismissal from the program.

MEDIA RELEASE

- ▶ As this is a journalism workshop, participants may be interviewed, photographed or videotaped for class assignments or as part of news coverage by our Upstart student journalist team. Students who appear in such news coverage typically are identified by name.
- ▶ Participants may also be photographed or videotaped for use in MIPA or MSU promotional and educational materials.

STUDENT NEEDS

Prior to your arrival at the workshop, please inform us of any special needs — including but not limited to diet (allergies, vegan or vegetarian, etc.), accessibility needs due to a disability or medical issues — so that we can work with parents and students to address those needs. MIPA staff cannot administer prescription medications.

CONSENT TO PARTICIPATE

Student's printed name

Parents: I grant permission for my child to participate in all educational and social activities of the MIPA Summer Journalism Workshop from July 29–Aug. 2, 2018. I understand that some sessions may entail field and/or campus facility tours. I also understand that participants may engage in athletic or recreational activities have special risks. I have read session descriptions and approve of my child's selection. I accept any risks associated with their assigned sessions and selected recreational activities.

I also authorize MIPA to record the image and voice of the student named above and I give MIPA, and all those acting with MIPA's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

Signature of Parent/Guardian of minor participant or of participant aged 18 & up

Parent/Guardian printed name

Date

Student: I will abide by the policies and rules of the workshop.

Student signature