Cape Cod Community College

Project Forward

2014-2015

Medical Emergency Information and Release

Student Name PRINTED: _____

I hereby grant Cape Cod Community College and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection therein.

Student Pledge
Behavior and Responsibility

I understand that Project Forward students are expected to demonstrate mutual respect for one another and for other members of the college community. Personal or sexual harassment, or behavior which does not respect the rights of others, will not be tolerated. As a member of the college community, I agree to respect other people and their property at all times.

I agree to comply fully with the rules of Cape Cod Community College and its agents. I understand that if I jeopardize the health and safety of myself or others, or if my behavior interferes with other students' right to learn or instructors' right to teach, the college has the right to terminate my participation in Project Forward with no refund of monies paid. I also understand that violent behavior will result in automatic dismissal.

Cape Cod Community College has many services and opportunities available, including for example, the use of adaptive equipment, tutoring, computer labs, and the opportunity to join college clubs and activities. I understand that my instructor or advisor may assist me, but as a college student, it is my responsibility to access these resources and follow through.

Publicity – Check off one box

I understand that from time to time Cape Cod Community College newsletters, yearbook, and publicity material may include statements made by its students and/or their photographs or videotaped shots.

- ❑ **I consent to such use of my comments, photographs and videotaped material, *including for the yearbook*.**
- ❑ **I do not consent to such use of my comments, photographs, and videotaped material.**

All reference to Cape Cod Community College and "its agents" shall include Cape Cod Community College and its officers, directors, staff members, campus directors, chaperones, group leaders, employees, advisors and agents.

_____

Student's Signature **Date**

_____

Parent/Guardian Signature **Date**

Required only if student has a legal, court-appointed guardian and must submit documentation

IF PARENT/GUARDIAN IS A COURT-APPOINTED GUARDIAN, YOU MUST SUBMIT LEGAL DOCUMENTATION

Cape Cod Community College
Project Forward
2014-2015

Authorization for Release of Information

Student Name PRINTED: _____

I understand that Project Forward requires certain medical and individual learning style information in order to provide services and develop my educational program. All information that Project Forward receives will be used for purposes connected with my educational program and shall be confidential.

I authorize the release of information to Project Forward for purposes of educational instruction and employment. I also authorize Project Forward to release information to designated individuals, agencies, hospitals, institutions, and facilities listed below for purposes of educational planning, vocational instruction, and employment.

I understand that I may withdraw this authorization for any one of these resources at any time by giving written notice to Project Forward.

Approved Sources: <u>CHECK ALL THAT APPLY</u>. YOU WILL BE CONSULTED BEFORE ANY INFORMATION IS RELEASED.

- ❑ **Department of Mental Health**
- ❑ **Department of Public Health and Welfare**
- ❑ **Division of Employment Security**
- ❑ **Rehabilitation, Human Services, and Employment Agencies**
- ❑ **Public and Private Hospitals**
- ❑ **Public and Private Schools and Colleges**
- ❑ **Riverview School Staff**
- ❑ **Public and Private Mental Health Centers**
- ❑ **Drug and Alcohol Clinics**
- ❑ **Department of Children and Families**
- ❑ **Department of Disability Services**
- ❑ **Massachusetts Rehabilitation Commission**
- ❑ **Veterans Administration**
- ❑ **Independent Living Centers**
- ❑ **Psychiatrists, Psychologists, Physicians and other Health Care Professionals**
- ❑ **Employers**
- ❑ **Commission for the Deaf and Hard of Hearing**
- ❑ **Commission for the Blind**
- ❑ **Statewide Head Injury Program**
- ❑ **Riverview School Staff**
- ❑ **Other _____**

Exceptions or Additions to above list:_____

_____

Student's Signature **Date**

Do you have a legal guardian? ☐ YES (see below) ☐ NO
If <u>YES</u>, please submit legal documentation and have guardian sign below.

_____

Parent/Guardian Signature **Date**
Required if student has a legal, court-appointed guardian and must submit documentation.

~ COMPLETE BOTH SIDES ~