Pre-College Programs at Barnard College

PARENTAL CONSENT FORM

Name of Student: ____________________________________________

Last Name  First Name  Middle

I am authorizing the enrollment of the above named student in Barnard’s Pre-College Program (please check appropriate box(es)):

☐ Summer in the City (4-week)
☐ Liberal Arts Intensive
☐ Dance in the City
☐ Young Women’s Leadership Institute
☐ Entrepreneurs-in-Training

I acknowledge that during her enrollment in “Barnard’s Pre-College Program,” the above named student will be involved in activities at both on-and off-campus locations including, but not limited to: various sports activities, trips, outdoor excursions, and outreach programs. I am aware of the risks associated with such activities and in transportation to and from these activities. In consideration of the above named student being allowed to participate in such activities, I agree to hold Barnard College harmless against any liability arising as a result of her participation in these activities.

If illness or injury should occur during her participation in this activity, I authorize medical treatment at an appropriate medical facility. I understand Barnard College will make a reasonable attempt to contact me prior to such medical treatment using the information I have provided on the Emergency Information Form.

Print name of parent or legal guardian (if other than parent) ___________ Date ___________

Signature of parent or legal guardian (if other than parent) ___________ Date ___________
Pre-College Programs at Barnard College
SOCIAL RESPONSIBILITY CONTRACT

Please carefully review, and then sign and return this form.
The Pre-College Program (PCP) is guided by the precept that in no aspect of its educational programs or employment practices should there be disparate treatment of persons because of improper considerations of race, color, religion, creed, national or ethnic origin, sex, sexual orientation, age or disability. The complete policy can be found online at barnard.edu/doc/titleix/nondiscrimination.

Students are subject to all federal, state and local laws, as well as applicable college policy. Violations of law or policy are subject to disciplinary action, with possible sanctions ranging from a warning to removal from the program. Restrictions include, but are not limited to, the expectations outlined below.

1. Possession, use, or distribution of alcohol and/or drugs is strictly forbidden.
   - This includes possession, use or distribution of unauthorized prescription drugs or misuse of prescription medication or other products for the purpose of intoxication.
   - **Students may not be present on any premises** where liquor is used, served or sold (except in restaurants if the student is on the premises solely for dining) or on any premises where illegal drugs are present, including private residences and any campus housing. Being in the presence of alcohol or illegal drugs is prohibited. PCP students are expected to remove themselves immediately from such a situation and the vicinity.
   - Use of a **fake ID is illegal**, a violation of policy.

2. **Possession and/or use** of firearms, weapons or hazardous chemicals are strictly forbidden.

3. Barnard College is a smoke-free campus. Pre-College Program students **may not smoke**.

4. Conduct which threatens or endangers the health or safety of any person is prohibited. This includes, but is not limited to:
   - Verbal abuse, intimidation, and/or coercion.
   - Physical abuse, threats, intimidation, and/or coercion.
   - Any unauthorized use of electronic or other devices to make an audio or video record of any person without his/her prior knowledge, or without his/her knowing and willing consent when such a recording is likely to cause injury or distress.
   - Written communication, whether hard copy or electronic means (including but not limited to texts, emails, other social media), that includes threats, intimidation, and/or coercion.

5. Students are expected to refrain from any form of academic dishonesty. Academic dishonesty includes, but is not limited to, presenting oral or written work which is not entirely the student's own work, or collaborating with others on an assignment, unless otherwise approved by the instructor.

6. Students are required to carry their Pre-College identification card at all times, and to present it if asked by a College Official, and in order to enter the residence hall or other college buildings. A $20 fee will be levied for replacing a lost identification card.

7. It is **unlawful and against program policy** for ANY student to **get tattoos or body piercings** without legal guardian consent.

8. A **curfew for all residential students** is strictly enforced. Students must be present and signed into the residence hall by 11:30 PM on weeknights (Sunday through Thursday), and by 12:00 midnight on weekends (Friday and Saturday). There are no curfew extensions.
9. All students are expected to comply with any official directives issued to them by College staff, including but not limited to, Program staff, Public Safety staff, and Residential Life staff.

10. Students will respect the right of all community members to cleanliness, security, privacy, and contribute to an environment conducive to learning. Profanity and lewd conversation or communication is not conducive to a learning environment and will not be tolerated. Appropriate dress will also be enforced.

11. The following residential access and guest policy regulations apply:

   - Residential students are required to comply with sign-in and sign-out procedures at the front desk of the residence hall whenever they are not in class or at the dining hall.
   - Residential students are only permitted to have guests in the lobby of Sulzberger Hall. Guests are required to leave the building before curfew. Only legal guardians with valid photo ID, and accompanied by the student, are allowed access to student halls and rooms. They are also required to leave the building before curfew. Other family members (with valid photo ID) are only permitted access to student halls and rooms during move-in and move-out.
   - Students are not permitted to host overnight guests. For information about overnight accommodations please visit www.barnard.edu/precollege/summerprograms/accepted.
   - Residential students are required to sleep in their assigned residence hall room every night.
   - Permission for overnight absence requires completion of the Off-Campus Overnight Stay Permission form by a legal guardian and approval from the Director or the Associate Director of Pre-College Programs. The Off-Campus Permission Form should be submitted to the Residential Life Office between 9 AM - 4:30 PM, Monday through Friday and **must be received at least 48 hours in advance of the requested departure date**. This form can be found on the Pre-College website under “Forms for Accepted Students.”

12. Quiet hours in the residence hall will be in effect starting at 11:00PM on weeknights (Sunday through Thursday) and 1:00AM on weekends (Friday and Saturday nights).

13. The following community safety policies apply:

   - Initiating false alarms, interfering with the proper functioning of a fire alarm system or other safety device, and tampering with or removing fire hoses, extinguishers or other safety equipment, are strictly prohibited. Immediate evacuation from the building when a fire or smoke alarm sounds is mandatory.
   - For fire safety reasons, the following items are prohibited in the residence hall: candles, incense, halogen lamps, any appliance with open coils or exposed heating elements and any flammable or slow burning substances.
   - Program students are not permitted to do any cooking. Toasters, hot pots, popcorn machines, refrigerators, microwaves, and other cooking appliances are not permitted in the residence hall. Program students may not utilize the kitchen facilities in any residence hall.
   - The keeping or presence of any pets on campus or in the residence hall is prohibited, with the exception of service animals. No other exceptions will be made.
   - Furnishings, fixtures, appliances and locks provided by the College may not be altered or removed by the student. The College reserves the right to limit the addition or use by the student of any furnishings, fixtures, appliances, or locks not provided by the College.
   - The College also prohibits duplication of its keys by residents. Keys must be returned at the time of checkout. A $30 fee will be levied for replacing a lost key.

14. Students are responsible for the housekeeping with their own rooms and they are expected to keep their rooms clean at all times. Prior to departure, they will be expected to leave their rooms and common areas in a reasonably clean state. No alterations to a room or other College facility may be made. Fines will be charged for any damages or alterations found in the room at the time of check-out.
15. The Facilities Services staff will clean building lounges and bathrooms daily. Students are responsible for proper disposal of their trash, and keeping the common areas (i.e. lounges) neat and clean. Individual students or groups of students will be held financially accountable for damage done to common areas of the residence hall, such as lounges, hallways, stairways, etc. Students are expected to advise staff if they notice or cause damage or spills that need to be addressed.

16. Students are required to attend all classes, Beyond the Gates sessions, and activities for which they sign up. Students who are unable to attend classes or workshops due to illness should immediately contact a Resident Intern (RI) or another member of the Pre-College Program staff who will escort the student to Health Services. Please be aware that missing a class due to illness does not exempt a student from coursework, and students are still expected to turn in all assignments on time. Repeated failure to attend classes, required performances, or Leadership Institute workshops will lead to suspension from the program.

17. Students are required to attend floor meetings, which take place weekly on Sunday evenings in the residence hall. Attendance is mandatory.

18. Student and legal guardian consent to the use by the College, in promotional literature and other related material, of photographs and videos of the student taken during his or her participation in the program.

19. Students enrolled in the program must be capable of assuming responsibility for their personal care and behavior and comply with all regulations designed to protect the health and safety of all members of the Barnard community. Evidence of forbidden activities, including that shared on social networks such as Facebook, is subject to disciplinary response and may result in dismissal from the program, in which case students may be sent home immediately.

**A note about Social Networking:** Please bear in mind that there should be no expectation of privacy on social networking sites such as Facebook. It is recommended that students not post anything that they would not want viewed by others, including Pre-College Program staff and college admission officers. As a general policy, Pre-College Program staff, including student staff, are not permitted to “friend” Pre-College students for the duration of the program. While there is no active review of such networking sites, action may be taken if an inappropriate posting is brought to the attention of Pre-College Program staff.

We, the undersigned, have read and understood the regulations and guidelines as set forth in this Social Responsibility document. I, the student, intend to comply with all rules and regulations put forth by the Barnard Pre-College Programs.

__________________________
Signature of Student

__________________________
Signature of Parent or Legal Guardian (if other than parent)

__________________________
Student Name (please print)

Please return this signed copy to the Office of Pre-College Programs.
May, 2015

Dear Parent or Guardian,

Congratulations on your daughter’s acceptance to Pre-College Programs at Barnard College! We are looking forward to a rewarding and educational summer and to giving your child an introduction to life on a college campus.

This summer may be a period of transition for you and your daughter. It will also, in most likelihood, be the first time she will have needed to take the lead in personal and medical care. In our experience, student participants may experience a wide variety of issues, including but not limited to, homesickness, relationship or friendship issues, depression and other mental health issues, eating disorders, and substance misuse and general challenges in managing sleep and nutrition. It is helpful to talk with your child about her expectations and how she can manage stressors and health challenges that may arise. Some students may currently or recently have been utilizing counseling or therapy services as a tool for support or may be receiving medical care for a chronic condition. Leaving home and living in an entirely new environment, even for a short period of time, is usually immensely exciting and satisfying, but can also be stressful.

We would like to take this opportunity to highlight some information we hope you’ll review and find helpful:

First, if your child is currently meeting with a clinician or counselor, the added support of ongoing treatment will be essential. We would like you to note that Barnard College does not offer counseling services to students over the summer months and you may wish to get a referral from your doctor for a local professional or make arrangements to continue treatment by phone or video-chat. It is best to discuss how treatment should continue with your child and her therapist. Similar planning also applies to planning for and managing any medical conditions, be that allergies or chronic illness. Medical resources, through Columbia University, are only available for emergency care.

Next, if your daughter has a disability that has the potential to affect a daily life activity, you should note the circumstances on the Emergency Card Survey available on the Accepted Students page. Possible disabilities might include hearing/vision impairments, mobility impairments, as well as invisible or non-apparent disabilities such as learning disabilities, ADHD, chronic medical conditions (seizure disorder, Crohn’s disease, etc.), psychiatric conditions, severe allergies, among others. The Office of Pre-College Programs will work with self-identified students with disabilities to identify reasonable accommodations. If a disability is not disclosed, then we may not be able to provide accommodations as needed.

Finally, please have a conversation with your daughter regarding her time away from home and develop a plan for self-care and how she might address any potential concerns that may arise. On occasion, some students will, for example, regard a summer away from home as a good time to experiment with their medications. Check in with yours regularly if you know she takes medication for a chronic condition. Students who willfully skip treatment and, as a result, are disruptive to the program may be dismissed from the program and no tuition costs will be refunded.

I am hopeful that with preparation the above concerns will not be an issue for the upcoming summer and that all participants in our programs will have a successful and safe experience at Barnard and in New York City. Thank you for your consideration of these matters.

I look forward to meeting you all on Opening Day!

Ann T Dachs, Director
2015 Summer Program
Health Questionnaire

Students: Welcome to your summer program at Columbia University. Before you begin your program on campus, it is necessary that you provide Columbia Health with: (1) proof of immunity to MMR; (2) accurate and complete health-related information; and (3) if you are under 18, written authorization by your parent or guardian for provision of medical treatment. This information will be kept in strictest confidence by the program and shared only when necessary. A copy of this form will remain on file at Columbia Health, and will prepare us to address any medical conditions you might have. Please be sure to complete all relevant sections of this questionnaire. Completed questionnaires should be sent to the office of your summer program.

*** DO NOT MAIL THIS FORM UNTIL ALL INFORMATION IS COMPLETE ***

Name of Your Summer Program

Barnard Pre-College

Your Name ____________________________ Date of Birth ___________ Male N/A Female ___________
Columbia UNI N/A ____________________ Columbia ID (10-digital/ alphanumeric #) N/A

Address ____________________________________________

Telephone or Cell Phone Number _______________________

In case of emergency please notify:
Name ____________________________ Relationship ______________________
Address ____________________________________________

Home Phone Number ______________________
Cell Phone Number ______________________
Business Phone Number ______________________

Parent/Guardian Contact Information (if under 18 years of age):
☐ Check here if same as emergency contact information above
Name ____________________________ Relationship ______________________
Address ____________________________________________

Home Phone Number ______________________
Cell Phone Number ______________________
Business Phone Number ______________________

Physician’s Contact Information:
Name ____________________________ Phone Number ______________________
Address ____________________________________________

Fax Number ______________________

If you are under 18 years of age on the date you seek treatment, you should know that, in most circumstances, Columbia Health will involve your parent(s) or guardian(s) in discussions about your care.
MEDICAL/SURGICAL HISTORY

Please complete the following:

Please list any medical and mental health conditions.  ☐ NONE

Have you ever been hospitalized (including surgeries)?  ☐ Yes  ☐ No  If yes, please list the date(s) of all hospitalizations and the nature of the problem:

Please list below all medication you are currently taking. Please indicate the condition for which you are taking the medication. Include dosage and frequency.

<table>
<thead>
<tr>
<th>Medication Trade Name</th>
<th>Generic Name</th>
<th>Associated Health Condition</th>
<th>Dosage and Frequency</th>
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Are you allergic to any medications, foods or other substances?  ☐ Yes  ☐ No  If yes, please list below and describe the allergic reaction you have experienced:

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<tr>
<th>Medication</th>
<th>Reaction</th>
<th>Treatment (if any)</th>
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IMMUNIZATIONS

Students admitted to the Summer Program are required to provide proof of immunity to Measles, Mumps and Rubella (MMR) by returning the MMR Immunization form to the office of Pre-College Programs. In addition to providing documentation of immunity to MMR, we recommend that young adults be adequately immunized against Hepatitis B and Varicella (chicken pox). Individuals who come from an area where tuberculosis is endemic should have a Tuberculosis Skin Test (PPD) and follow the provider’s recommendations regarding any positive result.
HEALTH INSURANCE

All students are expected to have health insurance coverage, which includes emergency care and major medical coverage for hospitalization. Students are required to bring proof of insurance coverage with them. Please provide your health insurance coverage information:

Insurance Company

Subscriber’s Name

Relationship to Student

Insurance Policy or Group Number

Insurance Company Telephone Number


AUTHORIZATION FOR MEDICAL TREATMENT OF STUDENT UNDER 18 YEARS OF AGE

(Signature of parent or guardian is required if the student will be under 18 years of age on the first day of the program.)

I authorize and grant permission to Columbia Health to both evaluate and render medical treatment to the student named on this form, including but not limited to, ordering medically necessary tests, administering appropriate medications, providing prescriptions and referrals, and if necessary, transporting the student to the hospital for a higher level of care.

Signature ___________________________     Date __________

Relationship to Student ___________________________


AUTHORIZATION TO SEEK MEDICAL ATTENTION FOR STUDENT UNDER 18 YEARS OF AGE

(Signature of parent or guardian is required if the student will be under 18 years of age on the first day of the program.)

I authorize the staff of the Summer Program for High School Students and any other entity offering educational services in conjunction with the Summer Program for High School Students to seek emergency medical attention for the student named on this form.

Signature ___________________________     Date __________

Relationship to Student ___________________________