

Code of Conduct Agreement and Medical Form

We are excited to have your child participating in our summer program! To make your that participants and parents or legal guardians have the best possible experience, we expect participants to adhere to the regulations listed below. Please confirm your understanding and agreement to adhere to the policies below by reading this document carefully and signing where indicated.

College Access Programs Code of Conduct

Any of the following violations will result in automatic removal from the program. Please note: A program refund will not be granted for participants dismissed from the program.

Alcohol Use/Abuse
Sexual Misconduct of any kind
Sexual Activity of any kind
Drug Use/Abuse
Safety Violations

Tobacco or Vape Use/Abuse
Disrespectful Behavior
Involvement with Pornography
Use of Foul Language
Weapons Violations (including
pocketknives and pepper sprays)

College Access Programs reserves the right to adjust or amend the list of sanctions as needed to protect the program and its participants

My child and I have read and understood that violating any of the above expectations will result in dismissal from the program. I understand that I will need to pick up my child within 30 minutes if he/she is dismissed from this program.

Print parent/guardian name

Print student name

Parent/Guardian signature

Student signature

Medical Attention

Some of our programs provide food to our participants. Please indicate if your child has allergies to specific foods.

Please identify any significant medical conditions or psychological conditions (i.e., asthma, diabetes, allergies/reactions to medications, bee stings, depression, etc.), major illnesses, or injuries that may affect your child's participation in this program.

Does your child take any medications at home? If so, please list them below.

Do you authorize Calvin University and the College Access Programs staff to give your child basic care medication (e.g., Ibuprofen, Tylenol, etc.)? YES NO

Who should we contact in case of an emergency?

Name: _____ Phone: _____

Relationship to the Participant: _____

In case of an emergency, I authorize Calvin University and its designated personnel to secure medical attention or counseling services for my student if any such care is necessary. I hereby authorize medical or mental health counseling services when deemed appropriate by Calvin University personnel while my child is participating in this program. I understand that my insurance will be billed when applicable and I will be responsible for the balance of the cost of care provided.

Parent/Guardian signature: _____ Date: _____

Program: _____

Please return this form with all enrollment documents to collegeaccess@calvin.edu