INSIGHT
Your future looks bright.

Post-Secondary Preparation Program

PERMISSIONS FORM

STUDENT NAME (Please print) _____

Permission is granted for the above named student to participate in all activities sponsored or attended by the collaborative program, INSIGHT, held on the campus of Morehead State University. By signing and dating this form, I am granting permission in all areas for the student named above, unless otherwise noted.

CAMPUS-COMMUNITY ACTIVITIES/MEDICAL VISITS
Permission is also granted for the student to be transported for clinic, medical visits, and off campus activities supervised by INSIGHT Program staff. Off campus activities include shopping, dining, social activities, community, and orientation & mobility lessons in unfamiliar environments. I hereby wave any and all rights of legal action in case of injury or illness that may occur during the program. The best interest of my child will be considered at all times. I understand professional staff will chaperone students at all times.

DISPENSING OF MEDICATION
If my child needs to receive medication during the INSIGHT program, I hereby request that any such medication be monitored or administered by approved program personnel as needed. I understand that INSIGHT program personnel approved to administer medications may include those not medically licensed. Permission is granted for INSIGHT personnel to provide over the counter medications (acetaminophen, aspirin, Pepto-Bismol, ibuprofen, Dramamine, Sudafed, decongestant, antihistamines, etc..) for minor physical complaints. *All medications – prescribed and over the counter – brought into the program will be turned over to program coordinator during registration and must be in the original container with the physician's orders clearly marked on each container. Medications are to be in a clear zip lock bag with the student's name on the outside of the bag. This is to ensure the safety of all participants while at the program.*

VISITATION INFORMATION
It is the policy of this program to **NOT** allow visitors other than parents/legal guardian.

PHOTOGRAPHS/IDENTIFIABLE INFORMATION
I hereby authorize the INSIGHT Program staff, to allow the use of pictures (still, motion, or video) and/or voice reproductions or other identifiable information of my child for the purpose of educational projects, public relations, program publicity, and other beneficial endeavors as long as such usage is not for the financial or personal benefit to any individual and/or groups or private company.

RELEASE OF INFORMATION
I hereby authorize the release and collection of any medical, ophthalmological, psychological, or identifiable information and/or transcripts of grade standing, vocational and/or aptitude test, or other information necessary to assist in the development of the INSIGHT Program for my child. This information is to be released to INSIGHT staff and/or collaborative partners listed above.

ASSESSMENT OF ORIENTATION AND MOBILITY (O&M)
A crucial aspect of attending college is becoming oriented to an unfamiliar environment. Most students participating in INSIGHT have not visited MSU, thus, this program lends itself to an evaluative situation. I give my permission for my child's Orientation & Mobility skills to be assessed while participating in the INSIGHT Program.

Activities for which permission is **NOT** granted:_____
Over the counter medications **NOT** to be administered:_____

_____ _____
Signature of Parent/Guardian Date

Revised 12/01/16