


# PRECOLLEGE PROGRAMS INFORMATION AND CONSENT FORM

You must bring this form with you on your first day of class to enter FIT buildings and participate in FIT's Precollege Programs.

 **State University of New York**  
Precollege Programs  
227 West 27 Street  
Conference Center, Lower Level, Room SR10  
New York City 10001-5992

Only parents, legal guardians, or persons 18 years of age or older can enter information and consent for this program. If you are not at least 18 years old, you must have a parent or guardian complete this form.

Student name: \_\_\_\_\_ Student date of birth (mm/dd/yyyy):    /    /

Student FIT ID number: @ \_\_\_\_\_ Student mobile phone: \_\_\_\_\_

In consideration of my child's (named above) participation in the FIT Precollege Program ("Program") and any related activities, I, on behalf of my child and myself, acknowledge and consent to the information below.

## MEDICAL INFORMATION (to be completed by parent/guardian)

Medical professionals should be alerted to the following aspects of the student's medical history: \_\_\_\_\_

List any prescription medications that my child may need to administer either independently or under supervision during the Program: \_\_\_\_\_

\_\_\_\_\_ Date of student's last tetanus shot: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/guardian's name: \_\_\_\_\_ Parent/guardian's mobile phone: \_\_\_\_\_

Parent/guardian's home phone: \_\_\_\_\_ Parent/guardian's email: \_\_\_\_\_

Name and phone of local emergency contact (if parent/guardian does not reside in the tristate area): \_\_\_\_\_

Name of student's physician \_\_\_\_\_ Physician phone: \_\_\_\_\_

Name of student's health insurance carrier (check here if not insured ): \_\_\_\_\_

## IN-PERSON COURSE REQUIREMENTS

By enrolling in an in-person course you are confirming that your child (or you, if 18 or older) is fully vaccinated for COVID-19 and will upload proof of vaccination and to FIT prior to arriving on campus as per the SUNY mandate and as directed below. You agree to upload negative PCR test for the student to the FIT Health Services Portal within 72 hours of the start of their first class. You acknowledge that FIT health and safety protocols remain in effect; indoor masking for all individuals on campus will be required regardless of vaccination status. You acknowledge that students must present FIT's "Confirmation of Vaccination Submission" to FIT's Public Safety in order to enter the building for the in-person course. Students taking in-person classes who fail to follow the above vaccine protocols will be subject to potential academic withdrawal and may not be eligible for tuition refunds.

## HEALTH CARE AUTHORIZATION AND RELEASE

1. In the event that the student is injured or becomes ill while participating in FIT's Precollege Program, I authorize FIT to administer or secure the administration of medical treatment, such as general first aid treatment, for minor injuries or illnesses. If FIT determines that it is not in the student's best interest to return home unaccompanied, I or my designated local emergency contact will pick up the student in a timely manner. I certify that the local emergency contact I have designated is known to me and is 18 years of age or older.
2. In the event of illness or injury where, in a physician's judgment, an emergency exists necessitating immediate medical care, I grant permission to medical and/or hospital services to employ such diagnostic procedures and medical treatment or mental health counseling as deemed medically necessary, consistent with state law, and agree that the college and its authorized agents and authorized employees are permitted to consent to on behalf of and provide and/or secure medical treatment, including hospitalization, anesthesia, surgery, and/or other treatment, for the student. I understand that FIT will make best efforts to immediately contact me and/or the designated local emergency contact.
3. I acknowledge and agree that FIT is not liable for any costs or expenses associated with any medical care provided to the student, and I hereby accept full responsibility for the payment of all costs incurred for medical treatment of the student. I acknowledge and agree that FIT and its employees and agents are not responsible for the kind or quality of emergency medical treatment the student receives. I further acknowledge that in the event of a health or safety emergency, the college may release information about the student to other persons or entities who may need this information to protect the health or safety of the student or others. Any such disclosures shall be made consistent with state and federal privacy laws.
4. I understand that there are potential risks, including injury, involved with minors participating in organized educational activities such as the FIT Precollege Program. I agree, personally and on behalf of the student, to assume all the risks and responsibilities surrounding the student's participation in the Program and use of FIT facilities. To the fullest extent allowed by law, I personally and on behalf of the student, release, hold harmless, and indemnify FIT, its auxiliary corporations, the State University of New York, the New York City Department of Education, the City and State of New York, and each's trustees, officers, directors, faculty, staff, employees, volunteers, and agents from and against any and all liability, including without limitation any claims arising out of, related to, or in connection with the Program or related activities that are caused by negligence, or for harm, injury, damage, loss, claim, demand, action, costs, and expenses of any nature (including reasonable attorneys' fees) that the student may have or that may accrue to the student, arising out of or related to any loss, damage, or injury that may be sustained by the student or for which the student may be liable to any other person, during or in connection with the student's participation in the Program.
5. I understand that the student is not required to participate in the Program or related activities. I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which the student may in any way sustain in connection with his /her (my) participation in the Program and related activities.

Signature of parent/guardian (or student if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Print name, address, and relationship to student: \_\_\_\_\_

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