

UNIVERSITY OF VIRGINIA MEDICAL CONSENT FORM FOR MINORS

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for the University of Virginia Hospital and/or the University of Virginia Department of Student Health to treat a student who is under the age of 18 and therefore legally a minor.

Please complete and sign the form.

The University of Virginia Hospital and/or the University of Virginia Student Health Department have my permission to treat my child.

Name of Child

In the event of a medical emergency, the University of Virginia hospital and the Student Health Department also have my permission to treat my child for minor injuries (including administration of a Tetanus vaccination) and minor illness.

I further certify that my child will be covered by some form of health insurance while he/she is enrolled as a student at the University of Virginia

Printed Name of Parent or Legal Guardian

Home Phone Number

Relationship to Child

Work Phone Number

Street Address

E-Mail Address

City,

State, Zip Code

Signature of Parent or Legal Guardian

Date

University of Virginia Summer Session Application for Commuting High School Students

TERMS OF UNDERSTANDING
FOR PARENTS OF HIGH SCHOOL SUMMER SESSION STUDENTS

Summer Session High School students at the University of Virginia are subject to all University regulations stated in the Summer Session catalog. These regulations may be changed at any time by the appropriate authority. The University reserves the right to suspend, enforce the withdrawal of, or expel a student whose academic work is unsatisfactory or who violates the University's standards of conduct or other regulations.

Since most of our summer high school students are under eighteen (and since our advisory services and support staff are intended to serve college-age students), we insist that parents review University of Virginia regulations with their children so that both parents and students are aware of those policies designed to protect students and to guide their behavior. We will provide advisory services and support staff for students; however, we remind parents that we cannot protect students against every risk. Like most public universities the University of Virginia's Grounds generally are open to the public and otherwise unrestricted. Students must take adequate responsibility for their own behavior and safety.

Commuting Summer Session High School students are not eligible for University Housing. Living arrangements and supervision are the responsibility of the parent or guardian and must be in place before the student arrives for summer. Students interested in a residential program should apply for admission to **UVA Advance**.

After you have read the above terms and reviewed the [University's regulations](#) as well as UVA's [Standards of Conduct](#), please sign in the spaces provided below and submit with your application.. We cannot act on your application until we receive this form.

Printed Name of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Date

Student's Signature

Date

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

University of Virginia Summer Session Application for Commuting High School Students
HIGH SCHOOL STUDENT SECONDARY SCHOOL REPORT

Name of Applicant _____

TO THE PRINCIPAL OR SCHOOL COUNSELOR:

Please complete this form, attach a copy of the applicant's official transcript, and send it by e-mail to sliadmission@virginia.edu.

This applicant most recently ranks Exactly _____ from the top in a College prep group
 Approximately _____ Class numbering
 School does not calculate class rank.

This rank covers the period from _____ through _____
(Month/Year) (Month/Year)

Note any appropriate standardized test results. _____

Briefly describe your school's grading system. If letter grades are used, give the numerical equivalents.

In what honor or accelerated programs is the applicant enrolled:

How do you believe this candidate would benefit from attending the University of Virginia Summer Session?

Do you believe this candidate has the personal maturity required? _____

Name and title of the person completing this report: _____
Name Title

How long have you known the applicant? _____ In what capacity? _____

This report is based on:

- Personal observation and contact with student.
- Teacher comments
- Other counselor observations
- Records
- Other (please specify) _____

Signature

Date