

CHECKLIST OF SUPPLEMENTAL FORMS THAT NEED TO BE SUBMITTED TO SUMMER BRIDGE

You will need to submit the following supplemental forms to register for the OASIS Summer Bridge program. In an effort to help **EXPEDITE** the registration process, please complete, sign and submit each of the forms through their respective methods - **forms #1-5 as well as the photo copy of the front/back of your Medical Insurance Card**, will need to be printed and brought in on the first day of Summer Bridge on Sunday, August 5th, 2018. Submit forms **#6-12** by scanning the completed forms and emailing the packet to your Resource Counselor by Wednesday, July 18, 2018. If you have any questions please contact Summer Bridge Staff at summerbridge.ucsd.edu.

✓	Form #	Form Name	Parent signature required on form?	Student Signature Required on Form?	How to Submit
	1	Photo Release Form*	Only if student is under 18	Yes	In person on 8/5
	2	Medical Emergency *	Yes	No	In person on 8/5
	N/A	Photo Copy of Medical Insurance Card (Front and Back)*	N/A	N/A	In person on 8/5
	3	Consent for Medical Treatment *	Only if student is under 18	Yes	In person on 8/5
	4	Confidential Health History (2 pages)*	Yes	Yes	In person on 8/5
	5	Summer Bridge Request for Holiday Time-Off (Note: Only form that can be submitted by 8/26.)*	Only if student is under 18	Yes	In person 8/5 – 8/26
	6	Parental/Guardian Consent	Only if student is under 18	No	Scan and email to your Resource Counselor by 7/18
	7	Summer Bridge Student Conduct Code	Yes	Yes	Scan and email to your Resource Counselor by 7/18
	8	Last Day of Summer Bridge Contract	Yes	Yes	Scan and email to your Resource Counselor by 7/18
	9	OASIS SB 2018-19 Student Contract	N/A	Yes	Scan and email to your Resource Counselor by 7/18
	10	Release of Information	Yes	Yes	Scan and email to your Resource Counselor by 7/18
	11	OASIS SB Parent and Family Support System (Optional form to turn in)	No	No	Scan and email to your Resource Counselor by 7/18
	12	Waiver of Liability Form	Only if student is under 18	Yes	Scan and email to your Resource Counselor by 7/18

Note: You will be contacted by your Summer Bridge Resource Counselor either by or before June 22nd, 2018.

PHOTO RELEASE FORM

OASIS Summer Bridge Program

Permission to Photograph: The person signing below gives permission to the University of California, San Diego (UC San Diego) and the OASIS Summer Bridge Program to photograph them. UC San Diego and OASIS may use the photographs as deemed appropriate to promote the mentioned programs and related objectives, including using such material on UC San Diego websites. I understand that I will not be compensated for this use.

Print Legal Name of Participant: _____

Print Preferred Name of Participant: _____

Signature of Participant: _____ **Date** _____

If participant is under 18 years old:

Print Legal Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date** _____

Please adhere a **recent**
3x5 or 4x6 color photo headshot
of yourself in this area (taken within the last
year)

(Nothing fancy, 😊 just a picture to keep in
our files to quickly identify who you are and
for emergency purposes only.)

MEDICAL EMERGENCY FORM

Legal Student Name _____

Preferred Name _____

Birthday: _____ Gender: _____

Parent/Guardian: (Emergency Contact)

Name

Address

City, State, Zip

() _____ () _____
Daytime Phone # Evening Phone #

Email: _____

Secondary Emergency Contact:

Name

() _____ () _____
Daytime Phone # Evening Phone #

Email: _____

Medical Insurance Information *(must provide a copy of both sides of insurance card)*

Medical Insurance:	I have medical insurance	Yes	No
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If Yes:	Company:	Policy #
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The undersigned parent or guardian of the student named herein agrees that in the event of emergency illness or any accident, permission is hereby granted for treatment by any physician or hospital to which the student is referred for diagnosis and/or treatment. The UC San Diego Summer Bridge Program will not assume financial responsibility for any medical costs accrued during the program. It is highly recommended that each Summer Bridge Student have valid medical insurance prior to the beginning of the program (all UC San Diego students are required to have valid medical insurance during the academic year).

Signature of Parent/Guardian Relationship Date



CONSENT FOR MEDICAL TREATMENT

1. Medical Consent: I am voluntarily seeking health care and hereby consent to medical treatment, procedures, x-ray, laboratory tests and other health care services from Student Health and/or other contracted providers. I have the right to refuse specific treatments or procedures. I am at least 18 years of age, an emancipated minor, or the parent/legal guardian of a student under 18 years of age. (NOTE: Pursuant to Civil Codes 34.5–34.10, minors may consent to treatment for certain medical conditions.)
2. **For students with UCSHIP insurance:** I authorize UCSD Student Health Services to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred. I accept responsibility for payment for all services not covered by UCSHIP, including any visit fees and pharmacy co pays. These charges may be paid by credit card on the day of service or charged to my university student account.
3. **For students who do not have UCSHIP insurance:** I accept responsibility for payment of all expenses incurred from services provided at UCSD Student Health Services. These charges may be paid by credit card on the day of service, or charged to my university student account. Charges include, but are not limited to, visit fees, medications, laboratory testing, x-rays, and supplies.
4. This agreement of “Consent for Medical Treatment” can be revoked by me at any time by written notification and is valid until revoked.

If Consent for a minor under 18 years of age:

Print Student Name

PID #

Print Parent/Guardian Name

Signature of Student

Date

Signature of Parent/Guardian Date



Office of Academic Support & Instructional Services (OASIS)
SUMMER BRIDGE PROGRAM

9500 Gilman Drive MC 0045
La Jolla, California 92093-0045
Fax: 858-534-0679

Confidential Health History Form (1 of 2)

Legal Student Name
Last _____ First _____ Gender: _____ DOB: _____
PRINT PRINT MM/DD/YYYY

Legal Parent/Guardian Name who holds insurance coverage for student: _____

Private Medical Insurance Kaiser Medi-Cal None Other _____

PLEASE provide a copy of the front and back of the insurance and/or prescription card that covers the student

GENERAL HEALTH

My general health is: Excellent Good Fair Poor

Height: _____ Weight: _____ lbs. Eye Color: _____ Hair Color: _____

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other healthcare professional? Yes No

If yes, please specify for what condition(s): _____

MEDICAL HISTORY

Please circle the appropriate answer for each of the following questions as it pertains to the OASIS Summer Bridge student:

OVER-THE-COUNTER MEDICATIONS: Okay to dispense at student's request? (i.e. Tylenol, Advil, Motrin, Pepto Bismol, etc) Restrictions: _____	YES	NO	FOOD (please mark all that apply): <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Allergies Specify allergies: _____ Dietary Restrictions: _____	YES	NO
Allergic to any medications? If yes, medications and symptoms: _____	YES	NO	Diabetes? If yes, do you use insulin? How often?: _____	YES	NO
Knee, hip, ankle, shoulder, arm or back injuries/operations? If yes, list date and type of injury: _____	YES	NO	Do you carry an epinephrine pen? Bee Sting Kit? Allergic to insect bites?	YES	NO
Prosthetic joints or devices If yes, list: _____ Other (e.g. crutches): _____	YES	NO	Respiratory problems? Asthma? Do you carry an inhaler?	YES	NO
Surgery/Hospitalization? List type and year: _____	YES	NO	Cultural/Religious Restrictions? Food?: _____ Other?: _____	YES	NO
Neurological problems? Epilepsy? Pacemaker?	YES	NO	Contact lenses or eyeglasses Hearing Aids: <input type="checkbox"/> Both <input type="checkbox"/> Right <input type="checkbox"/> Left	YES	NO



Office of Academic Support & Instructional Services (OASIS)
SUMMER BRIDGE PROGRAM

9500 Gilman Drive MC 0045
La Jolla, California 92093-0045
Fax: 858-534-0679

Confidential Health History Form (2 of 2)

MEDICATIONS – Student is required to store prescription and over-the-counter medications in original containers with written instructions and is responsible to administer dosage according to instructions.

ARE YOU TAKING ANY MEDICATIONS? YES NO If yes, please specify below:

AUTHORIZATION FOR TREATMENT

Instructions: In the event of an emergency, staff of the OASIS Summer Bridge Program will make every effort to reach the parent(s)/guardian(s) before using the authorization below. However, in the case of an emergency, your authorization may assist in obtaining immediate and necessary medical care for your child or dependent.

Statement: By signing this authorization, I hereby authorize the University of California's employees, faculty, agents or other designated official to act on my behalf and authorize such emergency treatment for my child/dependent to secure whatever treatment is deemed necessary.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and/or surgeon. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist.

I understand that I am responsible for any and all charges incurred including transportation by ambulance. If I am unable to pick up my child/dependent in the event of an emergency, my child/dependent may be released to the emergency contact listed below. This authorization is valid until September 7, 2018.

Parent's Name: _____ **Relationship to you:** _____

Parent's Day phone: _____ **Parent's Evening phone:** _____

Parent's Name: _____ **Relationship to you:** _____

Parent's Day phone: _____ **Parent's Evening phone:** _____

Emergency Contact (other than parent/guardian): _____ **Day**
phone: _____ **Evening phone:** _____

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize OASIS Summer Bridge to release the information included on this form, including all pages of this Confidential Health History form, and any additional medical information submitted to OASIS Summer Bridge (including verbal, electronic, and supplemental pages) or to the University of California's employees, faculty, agents or other designated official to medical and/or psychological professionals, agents or other designated personnel. I understand that this information will be used for the purpose of protecting my child's/dependent's health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in OASIS Summer Bridge.

I HAVE ENCLOSED A COPY OF BOTH SIDES OF MY MEDICAL INSURANCE CARD and understand that this information will be used for the purpose of protecting my child's/dependent's health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in OASIS Summer Bridge. This authorization is valid until September 8, 2018.

Legal Student Name (Please Print)

Student Signature

Date

Legal Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Summer Bridge Request for Holiday Time-Off Form

Please note that completion of this form does not automatically guarantee approval of your request. Requests are approved on a case-by-case basis.

This year the Summer Bridge Program runs from Sunday, August 5, 2018 through Friday, September 7, 2018. The Labor Day Holiday falls on Monday, September 3rd. Due to this holiday, students will have the *option* to leave campus on **Sunday, September 2nd beginning at 7 AM and must return to campus no later than Monday, September 3rd by 5 PM.**

Students who plan to leave campus for the Labor Day Holiday will need to request leave by completing this form and submitting it to the Summer Bridge office (located in Marshall College Residence Halls), no later than **Sunday, August 26th by noon.** Please note that students who are still minors will need to have this form signed by a parent.

We encourage students to complete this form prior to the start of Summer Bridge as it will require a parent's signature for any student that is still a minor. ATC information and room number can be added once Summer Bridge starts.

Legal Name: _____ Preferred Name: _____
 Name of ATC: _____ Room #: _____
 Today's Date: _____ ATC Signature: _____

Date and time you'd like to leave: _____
 Date and time you'd like to return: _____

 Signature

 Date

For SB Office Use Only:

Received:
Approved: Yes[<input type="checkbox"/>] No[<input type="checkbox"/>]
Parent Approval (if necessary): Yes[<input type="checkbox"/>] No[<input type="checkbox"/>]

PARENTAL/GUARDIAN CONSENT FORM

(To be signed by a parent/guardian of a student under the age of 18)

I, _____, understand that UC San Diego takes reasonable responsibility for the welfare of my child, _____, as long as my child is on the UC San Diego campus. I give my permission for my child to attend field trips sponsored and/or approved by the OASIS Summer Bridge Program with the understanding that the OASIS Summer Bridge Program is **not** liable for my child's welfare on these outings. I also authorize the Summer Bridge staff to exercise their authority to impose a curfew, limit visitors, and enforce disciplinary rules to ensure that my child attends academic classes and program activities. In the event of an illness or accident, I authorize Summer Bridge staff to take steps to provide first aid and medical treatment to my child.

Legal Name of Parent or Guardian

Signature of Parent or Guardian

SUMMER BRIDGE STUDENT CONDUCT CODE

Summer Bridge is a **pre-college program** that will provide a once-in-a-lifetime opportunity of strong peer networks as well as the support of professional staff and faculty. The program will also mentally prepare you for the transition you will face as you make your way from high school to college. Summer Bridge will provide you with many benefits and is also designed to be challenging and rigorous. Therefore we expect a high level of engagement, responsibility, and attention from every participant. The following conduct code outlines specific expectations required for full participation in Summer Bridge. Please review the contract, initial each line, and sign below.

_____ My attendance at all classes is **mandatory**. If I become ill, or for any reason cannot attend class, I must inform my Academic Transition Counselor prior to the beginning of class. In any case, I must make up all of my course work and submit it on time. Two (2) absences from any class will result in the forfeiture of my course credit for the entire academic component of Summer Bridge.

_____ My attendance at all suite meetings is mandatory. Failure to attend evening sessions will result in a referral to the administrative staff.

_____ It is required that all students sign in/out with an ATC upon leaving and returning to campus.

_____ No cell phone usage is permitted within any academic setting.

_____ Smoking will not be permitted. UCSD is a smoke-free and tobacco-free campus.

_____ For my protection and safety, the use of alcohol and drugs, on **and** off campus, is strictly prohibited. As per UC's Policy on Student Conduct and Discipline, <https://students.ucsd.edu/sponsor/student-conduct/regulations/22.00.html>, Section VII-Conduct in Violation of Community Standards, Subsection R. Students in possession of and/or using alcohol or drugs will be dismissed from the OASIS Summer Bridge Program

_____ Absolutely **NO** overnight visitors are allowed. Visitors are **NOT** allowed in the residence halls during suite meetings and quiet hours. Visitors are also **NOT** allowed during class times.

_____ Disruptive behavior that might endanger any student or damage university property will **NOT** be tolerated. This includes but is not limited to:

- Water fights	- Hanging out of windows
- Food fights	- Throwing of objects
- Leaning or climbing on railings	- Running in hallways

_____ HARASSMENT: Physical abuse, threats of violence, or conduct (including verbal harassment) that threaten the safety or well-being of any person are prohibited. Such conduct may lead to removal from residence halls, dismissal from the Summer Bridge program, and, where appropriate, to campus disciplinary action or legal prosecution. While the term "physical assault" is commonly understood, the term harassment is not. Harassment is also a form of violence; it consists of written or verbal invasion or violation of an individual's rights. It may be racial, sexual or personal in nature and may be conveyed through graffiti, verbal statements on the telephone, internet, social media or other means. The influence of drugs or alcohol shall not in any way mitigate the consequences of this type of behavior or limit the responsibility of the individual(s) involved.

_____ I will monitor and maintain all social media in a professional matter. I assume that any information I publish online is visible and accessible to everyone. I am responsible for my words and actions in all social media and/or internet activity. Behavior and activity inconsistent with the mission and integrity of the Summer Bridge Program will be subject to disciplinary action and possible dismissal from the program.

_____ Quiet hours will be enforced from 10:30PM to 7:00AM Sunday through Saturday.

_____ No visits outside of the U.S. are permitted without parents' or guardians' written permission.

*****Students displaying disruptive behavior as a result of not fulfilling the expectations of this conduct code will be referred to a staff review committee for determination of continuing status in the Summer Bridge Program.**

Print Legal AND Preferred Name

Print Legal Parent/Guardian Name

Student Signature

Date

Parent/Guardian Signature

Date

**OASIS Summer Bridge (SB)
2018-19 Student Contract**

The OASIS Summer Bridge Program begins with an intensive 5-week residential & academic component in August and continues throughout the academic year, ending in June. Summer Bridge is committed to the overall success of students during their time at UC San Diego. The first academic year is very challenging and can set the tone for an academic career. In order for SB students to get the most out of their first year at UC San Diego, participants are expected to follow through with all academic year services, as outlined below. To be an OASIS SB participant is a privilege (e.g., early registration for Fall, Winter, Spring, plus Fall of sophomore year & priority in OASIS workshops) that can be revoked if provisions are not met. In addition, students should be prepared to include the OASIS Living/Learning Communities into their schedules each quarter of their freshman year.

The Summer Bridge Program contract outlines specific requirements that participants must fulfill to remain in good standing and to continue to receive services. Please review the contract, initial each line, and sign below.

*I agree to regularly attend and participate, each quarter, in OASIS workshops/tutoring sessions in any and all specified areas. The following are OASIS services offered, but are not limited to:

- ELWR workshops through the OASIS Language Arts Tutorial Program (LATS) if I have not fulfilled the UC Entry Level Writing Requirement
- Writing workshops for my college writing courses (if available) and at least 1 individual tutoring session per quarter through the OASIS Language Arts Tutorial Program
- OASIS Math & Science Tutorial Program (MSTP) workshops for any math, chemistry, or physics class I attend my first year

* I understand that I can be excused from this requirement if OASIS does not offer services for subjects that I am taking. If my schedule prohibits me from participating in MSTP workshops, then I understand that I will need to utilize other academic support offered on campus by the Commons, Math, Chemistry, and Physics Departments, respectively, Jacobs School of Engineering, and/or your course teaching assistants. I understand that participation in these resources will be verified. If I need to be excused or accommodations need to be made, I understand that I must contact the Summer Bridge Coordinator to get this excusal or accommodation approved.

I agree to attend and participate in one-to-one sessions with my Academic Transition Counselor (ATC) as scheduled per quarter (usually 3 sessions/quarter).

I agree to regularly attend and participate in the year-long OASIS Learning Community (OLC) Seminars.

I agree to attend and participate in other services as referred by my Academic Transition Counselor, other Summer Bridge Program staff, and other OASIS units.

I am responsible for filling out all pertinent paperwork, evaluations, follow-up surveys, and will notify the SB professional staff of any changes in my telephone, e-mail, or current/permanent address.

During my transition to UC San Diego, I agree to engage in campus activities that will complement my academics, and avoid activities that may negatively impact my academic success.

I understand that Summer Bridge is a year-long process and that fulfilling these requirements is critical to my academic success at UC San Diego.

By initialing above and signing below, I commit to complete the entire year-long Summer Bridge Program. I understand that by meeting the conditions of this contract I will be granted early enrollment in classes, as well as priority enrollment in OASIS tutoring and workshops throughout my entire first year. If I fail to meet these conditions, these privileges will be revoked.

Print Legal Name

Gender Pronoun (e.g she/her/hers; he/him/his; they/them/theirs; etc.)

Print Preferred Name

Signature

Date

AUTHORIZATION TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION

Note: Student Health will not accept or send medical records via e-mail, fax or mail out of the U.S.

I, _____ Student ID: _____
(Student's Name) Birth Date: _____

Hereby authorize UCSD Student Health Service to:

Release information to:

Name: **OASIS SUMMER BRIDGE PROGRAM – UC San Diego OASIS**
Address: 9500 Gilman Dr, La Jolla, California 92093-0045
Telephone: 858 534-2282 Fax: 858 534-0679

Specific information to be released: (please initial each category that applies)

_____ **Only** Immunization UC Requirements

_____ **Only** Tuberculosis UC Requirements

_____ Other as specified: _____

NOTICE: UCSD Student Health Services, and other health care providers and organizations such as physicians, hospitals and health plans, are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

I understand that I can obtain a copy of this authorization. A copy of this form is as valid as the original. I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released.) This revocation must be delivered in writing to each of the treatment providers listed above.

THIS CONSENT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM DATE OF YOUR SIGNATURE

Print Legal Name

Print Legal Parent/Guardian Name

Preferred Name

Preferred Parent/Guardian Name

Student Signature

Parent/Guardian Signature

Date

Date

OASIS Summer Bridge Parent & Family Support System



Would you like to join a free parent support network?

As your student celebrates another milestone and transitions into UCSD, wouldn't it be nice for you, as a parent/family member, to have a support group to do the same? Join the OASIS Parent & Family Support System to connect with others who also have a student attending the 2018 Summer Bridge Program. You can help create a community of parents/families who can provide advice, understanding, and camaraderie, as you all learn to navigate your new life as a member of the UCSD community.

Will you be attending the Summer Bridge Parent & Family Orientation on Sunday, August 5, 2017 at 9am?

- Yes! I will be there.
 No. I cannot attend.

Are you interested in joining the OASIS Summer Bridge Parent and Family Support System?

- YES! Sign me up! I would like to connect with other parents/families. (Please fill out the form below.)
 No. I am not interested in joining. (Stop here. You do not need to fill out the form below)

Personal Information

Parent/Family Member Name: _____ Student's Name: _____
Relationship to the Student: _____

Contact Information

Telephone Number: _____ E-mail: _____
Preferred Form of Communication: Telephone E-mail No Preference

With whom would you like to be connected? Please rank your preferences (1-3).

- Proximity/Location: _____ City, Neighborhood Ethnicity: _____ Which ethnicity?
 Language(s): _____ Single Parent: _____
_____ Other: _____

Please submit this form by the deadline – Wednesday, July 18, 2018.

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA, SAN DIEGO

Summer Bridge Program

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in
Summer Bridge Program (August 5, 2018-September 7, 2018)

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of **The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor) _____
Vol Waiver 7/01