

University of North Carolina School of the Arts  
Residence Life Programs and Housing  
1533 S. Main Street  
Winston-Salem, North Carolina 27127-2738  
Phone 336-770-3281 / fax 336-631-1555



<b><u>Office Use Only</u></b>	
Date Rec'vd:	_____
Staff Initials:	_____
Room Number:	_____

## Summer Programs Parent Permission Form

Please complete information requested, by signing this form you are signifying that you have read and completed the permission form and accept jurisdiction and responsibility for your child's safety while off campus.  
Upload to your summer application, or e-mail to [hsrl@unca.edu](mailto:hsrl@unca.edu), or mail to: UNCSA High School Life 1533 South Main Street, Winston-Salem, NC 27127.

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

### Guardian Information

Parent / Legal Guardian Name: \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

### Phone numbers where parents may be reached for additional and/or verification of permissions:

Daytime: \_\_\_\_\_ / \_\_\_\_\_ Nights/Weekends: \_\_\_\_\_ / \_\_\_\_\_

### Medical Information

List of medications, prescriptions, or over the counter that student currently takes (i.e., birth control, allergies, acne medications)

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Holder \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth

Policy Number \_\_\_\_\_

List any allergies or special health considerations

Parent/Guardian place of employment \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Phone

Address (including zip code) \_\_\_\_\_

### All Students have Permission for Official School Outings

This includes daily bus trips as well as trips planned by summer events staff (which would include mall trips, movie trips, and shopping trips). If you have questions or concerns about this please contact the Office of Residence Life.

### Permission for Off-Campus Visitation

Students will not be allowed to visit off-campus residences unless permission is received from the parents for **each visit**.

Visitation at off-campus student apartments is not permitted.

### Permission to Ride in Cars (Please check ONE of the following):

\_\_\_ My child must receive parent/guardian permission each time before riding in cars with anyone other than a faculty or staff member at UNCSA.

\_\_\_ My child has permission to ride in cars driven by people other than faculty and staff.

\_\_\_ My child has permission to ride with only the following drivers without calling home

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Additional Information**

**Evacuation Plan:** Please select from one of the following four options:

\_\_\_ Option #1: Within 3.5 hours of notification, Parent will pick up student on campus.

\_\_\_ Option #2: Within 3.5 hours of notification, Parent certifies a designated guardian to pick up student on campus directly from the residence hall.

\_\_\_ Option #3: Within 3.5 hours of notification, a parent or certified guardian will pick up their child from one of the local airports.

\_\_\_ Option #4: Student will be transported to a local airport, and parent will make flight arrangements home.

**International Students:** Please provide a U.S.-based emergency contact and a U.S. cell phone number. It is highly recommended that summer International students have a U.S.-based cell phone number.

U.S. Based Emergency Contact Name: \_\_\_\_\_

U.S. Cell Phone Number for Emergency Contact: \_\_\_\_\_

Student U.S. Based Cell Phone Number: \_\_\_\_\_

**Optional:** Please disclose any special needs (mental, physical, emotional, or family-related) that you would like for the staff to be aware of.

Note: This does not guarantee special accommodations, but may be helpful during times of emergency.

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