

## Student Site Information

### 2012 CTY Residential Program at Lancaster, PA (Franklin & Marshall)

Welcome to the 2012 CTY summer program at Lancaster! This packet contains important information about the site and preparations families need to make for the summer. Maps and directions are included. We look forward to a rewarding summer working with you.

#### Site Program Managers

Stuart Gluck, Site Program Manager  
stu@jhu.edu  
410-735-6208

Rachel Haugh, Assistant Program Manager  
Rachel.CTY@jhu.edu  
410-735-6271

#### Table of Contents

|   |           |
|---|-----------|
| <b>Checklist of Things to Do</b> .....  | <b>2</b>  |
| <b>Schedule</b> .....   | <b>3</b>  |
| Arrival and Departure Days, Typical Weekday Schedule  |           |
| <b>Living on Site</b> .....   | <b>4</b>  |
| Residence Halls, Keys, Student IDs, Meals, Laundry  |           |
| <b>Contacting Your Child</b> .....  | <b>5</b>  |
| Telephones/Phoning Home, Internet Access Policy, Mail and Care Packages, Visitation Policy,<br>Contacting the Site  |           |
| <b>Expenses</b> .....   | <b>7</b>  |
| Textbooks/Bookstore, Spending Money   |           |
| <b>Packing Guidelines</b> .....   | <b>7</b>  |
| Clothing, Athletic Equipment, Musical Instruments, Computers, Personal Belongings   |           |
| <b>Travel Information</b> .....   | <b>10</b> |
| Directions, Shuttle Service, Hotel Accommodations   |           |
| <b>Information for Commuting, International, and Two-Session Students</b> .....   | <b>12</b> |
| Commuters at Residential Sites, International Students, Students Attending Both Sessions  |           |
| <b>Site Map</b> .....   | <b>13</b> |
| <b>Registration, Tuition, and Financial Aid</b> .....   | <b>14</b> |
| Requesting Course/Site/Session Changes, Requesting a Second Course Assignment,<br>Requests to Attend with Siblings or Friends, Tuition Policies, Financial Aid, Refund Policy |           |
| <b>Expectations for Student Conduct</b> .....   | <b>17</b> |
| CTY Honor Code, Academic Expectations, Dismissal Policy, Prohibited Items   |           |
| <b>Medical Forms and Medical Care</b> .....   | <b>19</b> |
| Medical Forms; Medical Care at the Site; Payment for Medical Services, Injections,<br>Medication Policies and Procedures; Meningitis Vaccine, Tuberculosis Screening          |           |
| <b>Information for Students with Disabilities or Special Needs</b> .....  | <b>22</b> |
| Documentation and Accommodations, Allergies and Special Dietary Needs   |           |
| <b>Medical Form Instructions</b> .....  | <b>23</b> |
| <b>Forms</b>  |           |
| Medical Information Form .....  | <b>25</b> |
| Physician's and Parents' Consent Form.....  | <b>27</b> |
| Shuttle Request Form.....   | <b>31</b> |
| Authorization to Visit/Take Student Off Campus Form .....   | <b>33</b> |
| <b>Packing Checklist</b> .....  | <b>34</b> |

## Checklist of Things to Do

| ✓ Item   | Date Due  | Send To/Correspond With:   |
|--|---|--|
| <input type="checkbox"/> Pay tuition balances<br>(Payments are <i>not</i> accepted at the sites.)  | Refer to Invoice  | Mail to: Johns Hopkins University<br>Center for Talented Youth<br>PO Box 64710<br>Baltimore, MD 21264-4710<br><b>or</b><br>Click on the MyCTY link at<br><a href="http://cty.jhu.edu">http://cty.jhu.edu</a>   |
| <input type="checkbox"/> Make an appointment with your child's pediatrician.   | ASAP  | Not applicable   |
| <input type="checkbox"/> Make travel arrangements.   | ASAP  | Not applicable   |
| <input type="checkbox"/> Submit Shuttle Request Form (if needed).<br>See page 31.  | May 15  | Click on the MyCTY link at<br><a href="http://cty.jhu.edu">http://cty.jhu.edu</a> and<br>select Manage Enrollments   |
| <input type="checkbox"/> Submit Medical Information Form and a copy of your<br>Medical Insurance card (front and back) and a<br>prescription card (if you have one). See page 25.  | Due 15 business days<br>after receipt of this<br>packet | Click on the MyCTY link at<br><a href="http://cty.jhu.edu">http://cty.jhu.edu</a> and<br>select Student Participations<br><b>or</b><br>Mail to: CTY REGISTRATION<br>MCAULEY HALL<br>5801 SMITH AVE STE 400<br>BALTIMORE MD 21209<br>Fax: 866-548-8022<br>Email: <a href="mailto:ctyregsumm@jhu.edu">ctyregsumm@jhu.edu</a> |
| <input type="checkbox"/> Submit Physician's and Parents' Consent Form.<br>See page 27.   | ASAP<br>No later than<br>May 15                         | Mail to: CTY REGISTRATION<br>MCAULEY HALL<br>5801 SMITH AVE STE 400<br>BALTIMORE MD 21209<br>Fax: 866-548-8022<br>Email: <a href="mailto:ctyregsumm@jhu.edu">ctyregsumm@jhu.edu</a>  |
| <input type="checkbox"/> If your child has a learning, physical, or medical<br>disability, call summer programs staff.   | ASAP<br>Contact no later than<br>May 15                 | Call 410-735-6215 or email<br><a href="mailto:cty-disabilities@jhu.edu">cty-disabilities@jhu.edu</a>   |
| <input type="checkbox"/> If your child has food allergies or special dietary<br>requirements call the program manager.   | ASAP<br>Contact no later than<br>May 15                 | Contact Stuart Gluck<br>410-735-6208<br><a href="mailto:stu@jhu.edu">stu@jhu.edu</a>   |
| <input type="checkbox"/> Duplicate copies of Medical Information Form and<br>Physician's and Parents' Consent Form<br><input type="checkbox"/> Child's prescription medications in original containers<br>with proper labels (if applicable) <b>written in English</b><br><input type="checkbox"/> Authorization to Visit/Take Students Off Campus Form<br><input type="checkbox"/> Key deposit check (see page 4) | Opening Day   | Bring to the site or send<br>with your child.  |

Please direct questions about registration, financial aid, or account balances to 1-800-393-6095.

Si usted necesita hablar con un representante en español, por favor llame al 1-800-548-1180 y escoja opción #2.

# Schedules

## Student Check-In

Student check-in will take place in the Alumni Sports and Fitness Center (ASFC) from 10:00 a.m. to 3:00 p.m. on Sunday, June 24 (Session 1) and Sunday, July 15 (Session 2). Parking is available at the ASFC parking lot. Room assignments, keys, meal cards, and additional program information will be provided at that time. Students unable to register by 3:00 p.m. on Sunday should report to the CTY office in Thomas Hall upon arrival.

### Tentative Schedule for Arrival Day (Session 1 - Sunday, June 24; Session 2 - Sunday, July 15)

- 10:00 a.m. - 3:00 p.m. Student Check-In in ASFC
- 10:00 a.m. - 4:00 p.m. College bookstore open for textbook purchases
- 11:30 a.m. - 1:30 p.m. Lunch available in cafeteria
- 3:15 p.m. - 4:00 p.m. General meeting for parents and guests
- 4:00 p.m. Parents depart
- 4:00 p.m. - 5:30 p.m. Hall meeting and campus tour for students
- 5:30 p.m. - 6:30 p.m. Dinner
- 6:30 p.m. - 7:30 p.m. General student meeting
- 7:30 p.m. - 9:15 p.m. Pre-session testing for placement purposes for students enrolled in Fast-Paced High School Biology, Fast-Paced High School Chemistry, and Fast-Paced High School Physics; all other courses hold first class meeting
- 9:15 p.m. - 10:30 p.m. Hall activities and discussion period
- 10:30 p.m. Lights out

### Tentative Schedule for Departure Day (Session 1 - Friday, July 13; Session 2 - Friday, August 3)

- 7:00 a.m. - 8:30 a.m. Breakfast
- 9:00 a.m. - 11:00 a.m. Final class meeting
- 11:00 a.m. - Noon Students finish packing and cleaning rooms
- Noon - 1:00 p.m. Lunch. Final meal at program for students. Lunch is available for parents in the college cafeteria on a cash basis.
- 1:00 p.m. - 2:00 p.m. Closing ceremonies in ASFC (parents invited)
- 2:00 p.m. - 4:00 p.m. Final checkout. Students should be prepared to depart. Parent-teacher conferences will be held during this time period as an opportunity for parents to meet with the instructors (optional).

**A final schedule will be provided upon your arrival at the site.**

### Typical Weekday Schedule

- 8:00 a.m. - 9:00 a.m. Breakfast
- 9:00 a.m. - Noon Class
- Noon - 1:00 p.m. Lunch
- 1:00 p.m. - 3:00 p.m. Class/Lab (Some science classes end at 3:30 p.m.)
- 3:15 p.m. - 5:30 p.m. Activity I; Activity II
- 5:45 p.m. - 6:45 p.m. Dinner
- 7:00 p.m. - 9:00 p.m. Evening Class Session
- 9:00 p.m. - 10:30 p.m. Hall Meetings & Social Time
- 10:30 p.m. Lights Out

## Living on Site

### Housing

Students are housed in air-conditioned rooms with double occupancy; students may also be assigned to triple- or single- occupancy rooms. There will be one Resident Assistant (RA) for every 15-16 students. The residence halls have defined boundaries for male and female students. Cross-hall visitation is not permitted without a CTY staff member. Students are placed in residence hall rooms according to age and course. **Specific roommate requests are discouraged and cannot be guaranteed under any circumstances.**

Students are provided with a bed, desk, dresser, and closet space. We recommend that students bring a desk lamp or reading lamp. Students should bring their own pillows, pillowcases, sheets, blankets, and towels. Beds are extra long twin (single) size. Extra-long twin sheets or flat sheets are recommended.

Please note: air-conditioning must remain on and windows must remain closed at all times in the residence halls. Students are, therefore, encouraged to bring a warm blanket and warm clothing as needed to ensure their comfort.

### Roommate Requests

We discourage roommate requests because we find that students benefit from the opportunity to befriend new people. Roommate requests are accepted only after you have received your course assignment packet. Parents of both students must send a roommate request in writing or via email to the program manager whose name is listed on the front of this packet. Please do not assume that any correspondence you may have enclosed with your program application is sufficient for making a roommate request since the CTY Registration Office is responsible only for processing course choices.

Housing assignments are complex and involve a number of factors. As a result, while we will consider roommate requests, we can rarely honor them. Please do not come to the program with the expectation that you will have the roommate you

requested. We cannot guarantee a roommate to any student.

An important component of the CTY program is the educational benefit that our students derive from meeting and living with others who have diverse backgrounds, experiences, and characteristics. In the event of a roommate conflict, as a matter of policy, we will make a change only if we determine that such a change is in the best interest of all students involved and that all options for resolving the conflict have been exhausted. Decisions to make roommate changes are at CTY's sole discretion.

### Keys/Key Deposit

All residence hall rooms are secured with individual room keys and a locked exterior door. Keys will be distributed at Student Check-In. Each student will receive a lanyard, and keys must be kept on lanyards at all times.

Franklin & Marshall policy requires a \$100 key deposit. Each student must bring a check made out to Franklin & Marshall for the key deposit. The deposit must be paid at Student Check-In before a key is distributed. When the keys are returned on the last day of the session, the deposit will be returned to the family. The minimum charge for key replacement is \$50 for a room key and \$50 for an exterior door fob. After the session, the college immediately re-cores the locks for rooms with missing keys. Therefore, if you leave the site without returning your key, a lost key charge will be billed to your CTY account, even if you later return the key.

### Student IDs

At Student Check-In, students will receive a student ID card. This will serve as identification in the dining hall and will allow admission to other campus facilities during available hours. Students must keep the ID card with them at all times, on the CTY lanyard, around the neck. Students and their families are responsible for the cost of replacing a lost ID card.

### Meals

Lunch on Arrival Day is the first meal provided for students by CTY each session; the final meal

is lunch on Departure Day. Three meals are provided each day with a variety of menu selections. Students and staff members eat their meals in the college dining hall. RAs sit with their students for the first few days.

**Vegetarian Meals:** Meatless entrees are available on the regular menu. The meatless entrees may contain animal products (milk, cheese, eggs). While special, no-animal-product menu plans are not available, there are vegan items available in the KIVO (Kosher-International-Vegan-Organic) section of the dining hall. Students who prefer not to eat animal products may also choose from items on the regular menu and the salad bar.

**Kosher meals:** Kosher meals are available for no additional charge in the dining hall's KIVO (Kosher-International-Vegan-Organic) section at every meal.

**Halal meals:** Halal meals may be available in the dining hall's KIVO (Kosher-International-Vegan-Organic) section. Please contact the program manager, Stuart Gluck, at 410-735-6208 to inquire about this.

**Specific Food Allergies:** Please provide details on the enclosed Medical Form. Most students with food allergies manage by selecting from the wide variety of items available on the regular menu and salad bar.

**Please note:** Lancaster is a nut-allergy-sensitive site. There are many students with severe nut allergies attending the site. The F & M dining hall will serve no nuts or nut products. We ask all students, parents, and staff to contribute to the safe environment for these students by not bringing to the site any nut products or products which have been made in factories which process nuts.

To identify products which contain or may contain nuts, carefully read the package. Most packaged goods include an allergy notice if the product contains peanuts or tree nuts or was produced in a plant which also processes peanuts or tree nuts. Do not send products with these warnings to your child. Such items, as well as unlabeled foods which may contain nuts

(e.g., bulk bin snacks, loose chocolates) will be confiscated for the safety of those with severe allergies. For more information about Lancaster being a nut-allergy-sensitive site, please contact the program manager, Stuart Gluck, at 410-735-6208.

## Laundry

Washers and dryers are readily available for students to wash their own clothes. The machines are coin-operated and cost \$1.50 per wash and \$1.25 per dry. We recommend that students bring approximately \$10 in quarters to cover laundry costs for each three-week session. RAs will help students who are unfamiliar with using machines.

## Contacting Your Child

### Telephones/Phoning Home

Franklin & Marshall College is unable to provide landline phone service in each student residence hall room. We encourage students to bring a cell phone to the site if they have access to one. Cell phone reception has been upgraded on the campus in recent years and is excellent. Also, there will be a small number of hall phones in each residence hall's common area that students can use to dial long distance via a phone card. To access long distance service using these phones, students should dial 91 then use their calling card. Families that are having trouble reaching their student can always leave a message with our office staff and students can then return calls home on our office phone. The office phone number is 717-291-3910. Finally, Franklin & Marshall College can install landlines in a very limited number of student residence hall rooms with advance notice. The fee for this is \$150 and you must request it no later than June 15 through the program manager, Stuart Gluck, at 410-735-6208. If you choose this option, please remember to bring a phone and calling card with you.

Students are permitted to have cell phones at the site, but only under very strict guidelines. Cell phones may be used only in student rooms

or other designated areas on campus, and only during specified times. Otherwise, cell phones must remain off, and should be accessible for emergencies only. Cell phones used outside of designated hours or areas (such as in class or during activities), for playing games, or for inappropriate reasons such as prank calling, may be confiscated, and students may be subject to discipline. For the purposes of this policy, cell phones include all mobile communication devices; use includes sending and receiving text messages, sending and receiving email, and accessing the Internet. CTY assumes no responsibility for lost, stolen, or damaged cell phones, or for their misuse, including exceeding plan limits or use by unauthorized persons.

### **Internet Access**

Students are only permitted to access the Internet under staff supervision, as a part of their course work or part of a sanctioned activity. Students using the Internet to view inappropriate web sites, or to bully and intimidate other students, or for other inappropriate reasons, will be subject to discipline.

### **Mail and Care Packages**

Mail will be picked up and distributed daily (Monday through Friday). Mail should be addressed in the following manner: (note: no nicknames, please USE CAPS AND NO PUNCTUATION).

**Mail:** STUDENT NAME  
F&M CTY # \_\_\_\_\_  
PO BOX 3220  
LANCASTER PA 17604-3220

**Packages:** STUDENT NAME  
F&M CTY # \_\_\_\_\_  
415 HARRISBURG AVE  
LANCASTER PA 17603

### **Visitation Policy**

CTY students enjoy their time at a CTY site, especially on weekends when a full range of activities is planned and students have time to relax with new friends. We therefore strongly discourage visiting students while the program

is in session. Only a student's parent, guardian, or an authorized adult may visit the site (complete the Authorization to Visit/Take Student Off Campus Form at the end of this packet). Visitors pay for any meals on campus and may not stay overnight.

For security reasons, site administrators must be aware of any visitors on campus, including parents; we also must know of any plans to take students off campus. All visitors must sign in and out at the CTY site office on campus and show identification. If a student must leave campus, the student must inform the site director, and may leave only with a parent or guardian after signing out at the CTY site office. CTY will release students to individuals other than the parent or guardian only with written permission on the Authorization to Visit/Take Student Off Campus Form. Former CTY students or unaccompanied minors are not permitted to visit the site.

Homesickness is often intensified by frequent calling and/or visits. If your child becomes homesick at CTY, contact the academic counselor at the site to discuss strategies for helping your child.

### **Custody Issues**

Please indicate any issues you believe we should be made aware of on the Authorization to Visit/Take Student Off Campus Form, and attach copies of pertinent legal documentation.

### **Contacting the Site**

The number for the CTY office at the Lancaster site is (717) 291-3910. This phone normally will be attended from 8:30 a.m. to 11:00 p.m. daily. The site director may be reached at this number

**In case of emergency:** If you have an emergency and cannot reach CTY staff, you may use the following number to reach Public Safety: (717) 291-3939. This number is operational 24 hours a day and is for emergencies only.

In general, we urge students and parents to make calls no more than once or twice per week. Parents should pre-arrange particular

days and times for phone calls. The best times are 7:00 - 8:30 a.m. and 9:30 - 10:00 p.m. Students may not receive phone calls after 10:15 p.m.

## Expenses

### Textbooks/Bookstore

Fees for textbooks are not included in the tuition or room and board payments. Students will be able to purchase textbooks at the Franklin and Marshall College Bookstore. The cost of books per course averages \$80, but can be as high as \$250. Titles of required textbooks will be available on Arrival Days. Because titles can change at the last minute, students should not purchase their textbooks in advance.

Occasionally instructors may require materials not available through the bookstore; in these cases, students will be billed through the CTY Accounts Receivable office. You will be notified of these expenses on opening day at the site.

Directions to the campus bookstore will be provided at Student Check-In. The bookstore is open 10:00 a.m. to 4:00 p.m. on Arrival Days; students who arrive after the bookstore is closed purchase texts before classes begin on Monday morning. The bookstore accepts cash, traveler's checks, personal checks, Barnes & Noble gift cards, MasterCard, Visa, American Express, and Discover.

For students who travel to the site unaccompanied, there are several options for payment: cash, traveler's checks issued in the student's name, Barnes & Noble gift card, or a blank personal check made payable to Franklin and Marshall College Bookstore. As the texts and prices are subject to change, the amount on a personal check should be left blank and filled in by the student at the time of purchase.

In addition to textbooks, instructors may require basic school supplies such as pens, pencils, crayons, notebooks, loose-leaf paper, rulers, etc. You will get a list of required supplies at Student Check-In and those supplies will be available at the bookstore. However, we strongly recommend that you bring basic school

supplies you already have with you to the site, in order to help lower your bookstore costs.

### Spending Money/Check Cashing

Students should bring approximately \$50 - \$75 spending money for each three-week session for laundry, school supplies, and occasional snacks (\$10 in quarters is useful for laundry). This does not include money for books or the \$100 key deposit. Students should bring a limited amount of cash, traveler's checks, and/or gift/debit cards issued in the student's name. Students must budget their spending money carefully. If your child needs extra money during the session, send additional traveler's checks or a money order. Do not send cash in the mail!

## Packing Guidelines

You will find a list of recommended items on page 36 of this packet. We recommend that you label all items with your student's name. Please also pay careful attention to our list of prohibited items found in the policies section of this packet as well as on bottom of the packing list.

### Clothing

In general, dress at the site is casual (shorts or jeans, t-shirts, sneakers). Students should dress in a manner that is appropriate for a classroom environment. Some students enjoy dressing up a little more for dances and closing ceremonies. Students should also bring rain gear, a sweater or jacket for occasional cooler temperatures, and a swimsuit. Students in science classes must wear long pants and closed shoes in the laboratories. Black-soled shoes are not permitted in the gymnasium.

### Athletic Equipment

While basic athletic equipment is provided, students might want to bring their own tennis rackets, lacrosse sticks, baseball gloves, etc. No bicycles, skateboards, in-line skates, free weights, or roller skates are permitted. Students should label their personal athletic equipment.

## Musical Instruments

Students will have access to music practice rooms on a daily sign-up basis, as available. Students are responsible at all times for the safe storage of their musical instruments and equipment. There will be no formal extracurricular music program, but students are welcome to form their own music groups.

## Bringing Personal Electronics

In general, any electronic equipment required for a student's course work will be provided on site. In the rare circumstance where students are expected to bring equipment, there will be information noting this in the catalog course description or in this packet. Students must follow any appropriate use policies set by CTY or our hosts. Students may elect to bring a laptop, but the vast majority of students do not, and instructors do not expect students to have them. Please refer to Computers/ Homework below for more information.

We want students to work and socialize with each other without the other potential distractions posed by personal electronic devices (cell phones, smart phones, iPods, etc.). For this reason, students may use these devices only at certain times and for specific purposes. For example, at designated times, students may use personal electronics to communicate with their families. CTY has chosen to be a no TV / no video / no electronic games environment. The only exception is that, on occasion, students may watch films or other visual media as part of the formal academic or activities program.

As you think about whether to send your child with personal electronics, please consider:

- Students have sole responsibility for the safekeeping and appropriate use of their belongings. Neither CTY nor our host institutions are responsible for the loss, damage, theft or misuse of any student belongings. Do you have insurance that will protect you if the item is lost, stolen or damaged? What are your financial risks if your child misuses the device (for example,

how costly would it be if your child were to exceed plan limits)?

- At CTY, students move from place to place frequently and do not always return to their rooms between different program activities. Is your child prepared to be responsible for a valuable item under these circumstances?
- Does your child have the self discipline to use personal electronics only at designated times and only for sanctioned purposes?

Please note students are **prohibited** from bringing the following to CTY:

- televisions
- video game consoles
- portable gaming devices
- DVD/Blu Ray/VHS players
- video or computer games/DVDs

Students stay very busy at CTY. The times that students may communicate with their families will be available to families on Arrival Day. Families should expect to hear from students only during designated times, and we ask that families refrain from calling or texting students outside those hours. Because the schedule is so busy, we urge students and parents to limit communication to once or twice per week.

Besides communicating with families under the guidelines described above, students may use personal electronics to take photos with the permission of the person being photographed. In addition, during the very brief times of day that solitary activities are appropriate, students may use personal electronics to read or listen to music. Staff members will let students know when this use of personal electronics is appropriate. Students are expected to silence their phones and refrain from viewing and sending text messages or email during class and activity times.

At no time may students use personal electronics in such a way that violates CTY, host institution or other policies applicable to CTY students; that is disruptive to others; or that distracts students from participating

appropriately in any program activity. At all of our site locations, students will be asked to sign and abide by the **CTY Policy on Appropriate Use of Computing Technologies**. Students are subject to discipline, up to and including dismissal from the program, if they use any device, their own or others', in a way that violates this policy, CTY's honor code, or any other policies or standards of conduct applicable to CTY students.

If staff members find that a student is using a personal electronic device not in keeping with our guidelines or policies, or if, in their judgment, such use is distracting the student from the program, staff may, at their discretion, confiscate the device and hold it in a secure location until the end of the program; CTY is not responsible for the loss, theft, damage, or misuse of the device, even under these circumstances.

Please keep in mind that it is impossible for CTY to constantly monitor a student's use of electronics, including the content students may access. Students are responsible for their own actions at all times. CTY will respond to incidents as we become aware of them, but we cannot offer comprehensive supervision in this area. Please speak with your child about appropriate conduct with regard to use of electronics, and instruct your child to tell a staff member if another student is sharing material that makes him or others uncomfortable or is otherwise using electronics in a way that is inappropriate. Parents are solely responsible for monitoring their children's activity on social networking sites.

### **Computers/Homework**

Students are permitted to have laptop computers at the site, but only under very strict guidelines. Laptops may be used only for academic purposes and under staff supervision. CTY can provide help with printing only to students who must use a laptop as an accommodation for a documented disability. Laptops used outside of instructional times for non-academic purposes such as playing games or viewing DVDs; or for inappropriate reasons

such as sending prank emails or IMs, may be confiscated and students may be subject to discipline. CTY assumes no responsibility for lost, stolen, or damaged laptops, or for their misuse, including use by unauthorized persons.

Students complete all of their academic work, including homework, in their classrooms. Homework in many of the classes consists of reading, problem sets, and short exercises. Even with longer assignments, instructors are accustomed to reading handwritten work and do not require or expect typewritten essays. If there are extenuating circumstances, such as a learning disability, please contact summer programs staff at 410-735-6215 or email [cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu) to discuss what arrangements can be made to accommodate your child.

If, after talking with summer programs staff, you decide to have your child bring computer equipment, we urge you to verify that it will be covered under your homeowner's or renter's insurance while your child is at CTY. CTY is not responsible for lost, stolen, or damaged computer equipment.

### **Personal Belongings/Lost & Found**

Students are responsible at all times for the safe-keeping of their personal belongings. We urge students to label all their belongings, including clothing, with their first and last names and "JHU-CTY." Neither CTY nor Franklin & Marshall can be responsible for theft or other losses of, or damages to, students' personal belongings, including athletic equipment, musical instruments, or computers. When considering whether to bring an expensive item, families may wish to investigate possible coverage under their own homeowner's or renter's insurance. In general, we recommend that students leave valuables at home.

The CTY site office will maintain a lost and found box. Clearly labeled items are the most likely to be successfully returned. Neither CTY nor Franklin & Marshall can be responsible for items left behind at the end of the session.

## Travel Information

### Driving to Franklin & Marshall

#### From Baltimore/Washington and South

From Baltimore Beltway (Rt. 695), exit onto Rt. 83 north. Follow Rt. 83 north to York, PA. Take exit 19A (462 east, Market Street). Cross over Rt. 462 as you proceed through two lights and come to your third at Rt. 30. Turn right on to Rt. 30 east to Lancaster (approximately 20 miles.) Take the exit for Harrisburg Pike. Turn right at the light at the top of the exit ramp and proceed toward Lancaster City. Franklin & Marshall's campus is about 1.5 miles and several traffic lights ahead on your right. Parking and Student Check-in will be found on the left.

#### From Delaware

Follow Rt. 41 north from Hockessin, DE to the Rt. 30 junction in Gap, PA. Turn left at the light at the 41/30 junction onto Rt. 30 west toward Lancaster. Follow Rt. 30 west for approximately 20 minutes. You will pass the shopping outlets and continue to follow 30 west until it becomes a two-lane highway. Continue to follow signs for Rt. 30 west (York). Pass Oregon, Lititz, and Fruitville Pikes. Just beyond Fruitville Pike, exit to continue on 30 west (York). Take the first exit for Harrisburg Pike (The Park City Mall will be on right). At the top of the exit ramp, turn left onto Harrisburg Pike. Proceed 1.5 miles through several traffic lights until you reach the College Square and the main campus of Franklin & Marshall on your right. Parking and Student Check-in will be found on the left.

#### From Harrisburg & Central Pennsylvania

From north of Harrisburg, take Rt. 15 south to Rt. 322 east. Cross the Susquehanna River and follow to Rts. 81 north/322 east. From Rts. 81 north/322 east, take Rt. 83 south to Rt. 283 south. From Rt. 283 south, exit onto Rt. 283 east (to Lancaster). Take Rt. 283 east to Rt. 30 west towards York. Take the first exit for Harrisburg Pike (The Park City Mall will be on right). At the top of the exit ramp, turn left onto Harrisburg Pike. Proceed 1.5 miles through

several traffic lights until you reach College Square and the main campus of Franklin & Marshall on your right. Parking and Student Check-in will be found on the left.

#### From Northeastern Pennsylvania

Follow Rt. 81 south and take exit 90 (Rt. 72 south). Follow Rt. 72 south to the Lancaster area. Approximately 2-3 miles from the Rt. 30/Rt. 72 junction, turn right at traffic light onto Dillerville Road. At next light, turn left onto Harrisburg Pike. Franklin & Marshall is 0.5 mile ahead on your right. Parking and Student Check-in will be found on the left.

#### From Western Pennsylvania

Take the Pennsylvania Turnpike to exit 247 (Harrisburg East). Take the first exit to your right immediately out of the toll booth to get onto Rt. 283 East. Take Rt. 283 east to Rt. 30 west towards York. Take the first exit for Harrisburg Pike (The Park City Mall will be on right). At the top of the exit ramp, turn left onto Harrisburg Pike. Proceed 1.5 miles through several traffic lights until you reach College Square and the main campus of Franklin & Marshall on your right. Parking and Student Check-in will be found on the left.

#### From Philadelphia

Take the Pennsylvania Turnpike west to exit 286 (Lancaster/Reading/Rt. 222 south). Follow Rt. 222 south approximately 14 miles to the Lancaster area. Stay to the right and follow signs for Rt. 30 west (York). Pass Oregon, Lititz, and Fruitville Pikes. Just beyond Fruitville Pike, exit to continue on 30 west (York). Take the first exit for Harrisburg Pike (The Park City Mall will be on right). At the top of the exit ramp, turn left onto Harrisburg Pike. Proceed 1.5 miles through several traffic lights until you reach College Square and the main campus of Franklin & Marshall on your right. Parking and Student Check-in will be found on the left.

#### From New York City and New Jersey

Take the New Jersey Turnpike to exit 6 (Pennsylvania Turnpike west). Take the PA Turnpike west to exit 286 (Lancaster/Reading/Rt. 222 south). Take Rt. 222 south approximately 14 miles to the Lancaster

area. Stay to the right and follow signs for Rt. 30 west (York). Pass Oregon, Lititz, and Fruitville Pikes. Just beyond Fruitville Pike, exit to continue on 30 west (York). Take the first exit for Harrisburg Pike (The Park City Mall will be on right). At the top of the exit ramp, turn left onto Harrisburg Pike. Proceed 1.5 miles through several traffic lights until you reach College Square and the main campus of Franklin & Marshall on your right. Parking and Student Check-in will be found on the left.

### **Traveling By Plane or Train:**

Lancaster is served by the Harrisburg International Airport, the Lancaster Airport, and the Lancaster Train Station.

A shuttle service is available for students. For more specific instructions and detailed travel information, visit our website at [cty.jhu.edu/summer/travelguide.html](http://cty.jhu.edu/summer/travelguide.html) See below for important scheduling information.

Note: Exceptions to the official arrival and/or departure dates are available only in the most extenuating circumstances. The cost for early arrival and/or late departure is \$75 per day. Please call the program manager for your site, Stuart Gluck, at 410-735-6208, to make a request. Because most staff leave on the last day of Session 2, late departure from Session 2 is not an option.

### **Shuttle Service**

We can make arrangements to pick up a student traveling alone to designated airports and train stations. This service is available on arrival and departure days only and is for residential students only (not other family members). If you will accompany your child, you must plan to rent a car or use public transportation. Daily shuttle service for commuter students is not available. For this site, shuttle service is available from the following airports/stations only: Harrisburg International Airport, Lancaster Airport, and the Lancaster Train Station. Please schedule your child to arrive between 9 a.m. and 6:00 p.m. and to depart between 10:00 a.m. and 6:00 p.m. If you cannot make this window, please call the site program manager, Stuart Gluck, at

410-735-6208, to make arrangements. Students are shuttled in groups, which means that arriving students may have some wait time before traveling to the site, and departing students may be required to leave the site significantly earlier than their flight time. Waiting students are supervised by CTY staff (see below).

The fee for shuttle service is \$60 (one-way or round-trip) and is nonrefundable. In order to request CTY's shuttle service, please log in to your MyCTY account (as a parent) at [cty.jhu.edu](http://cty.jhu.edu), click on the Manage Enrollments link, and then click on the link for requesting shuttle service. We strongly recommend that students requiring a shuttle to the site use the online shuttle service request system. The online shuttle request service will be available beginning February 15. We have also included a paper form to request shuttle service in this packet if access to the online system is unavailable. Students requesting early arrival or late departure may not use the online shuttle request form. Early arrival and late departure require permission from the site's program manager, whose phone number and email address are on the front page of this packet. The deadline for requesting shuttle service is May 15. If you do not receive confirmation by June 15, please call us at 1-800-393-6095.

You may also use the online shuttle service request system to make any needed changes. For any changes made after June 22, please call the site office directly. Site phone numbers will be posted on our website ([cty.jhu.edu/summer](http://cty.jhu.edu/summer)) and will be available by calling 410-735-6277 (Mon-Fri, 8:30am – 5pm Eastern Time only).

Students requesting shuttle service will be met just outside the security checkpoint by staff members wearing CTY T-shirts. In the unlikely event that the student does not immediately see the staff member, it is very important that the student **wait at the checkpoint** until the staff member arrives. Call the site office immediately if there is any last-minute change in the flight schedule. Departing students are checked in and escorted to the security

checkpoint by staff members. Because of airport regulations, the staff member will not be able to accompany the students to the gate. Students and staff will be given instructions on what to do if a flight is cancelled or significantly delayed.

Please note: Students under twelve may be considered “unaccompanied minors” by the airline, and you may be required to pay an extra fee (contact your airline for details). The airlines will require the name of the CTY staff person who will meet such students upon arrival. We cannot provide this in advance; instead you must contact the site office the day before the flight to get the staff member’s name. Remember, site phone numbers are available on our web site ([cty.jhu.edu/summer](http://cty.jhu.edu/summer)) or by calling 410-735-6277 (Mon-Fri only).

### **Hotel Accommodations**

The Dutch Country Visitors Bureau may be helpful in securing accommodations. Visit their web site at [padutchcountry.com](http://padutchcountry.com) or call 1-800-PADUTCH. You may also want to visit the Susquehanna Valley Chamber of Commerce web site at [parivertowns.com](http://parivertowns.com) or call 717-684-5249.

## **Information for Commuting, International, and Two-Session Students**

### **Information for Commuters at Residential Sites**

Students who will be commuting to a residential site will receive a mailing with additional information by the end of May. The same information is also available on-line at [cty.jhu.edu/summer/commuter.html](http://cty.jhu.edu/summer/commuter.html).

### **International Students**

If you are a non-US citizen, or will be traveling to the United States from abroad for the summer program, the International Students Resource Guide is included in your Course Assignment Packet. Please refer to this resource for special considerations as you prepare for the summer.

Students who are not US citizens may need to acquire a student visa to travel to the US for the CTY Summer Programs. Contact the American Embassy or Consulate office in your country of residence to find out whether your child will need a visa. For information about US entry and visa requirements for your particular country, please visit the U.S. Department of State website:

[travel.state.gov/visa/temp/types/types\\_1268.html](http://travel.state.gov/visa/temp/types/types_1268.html).

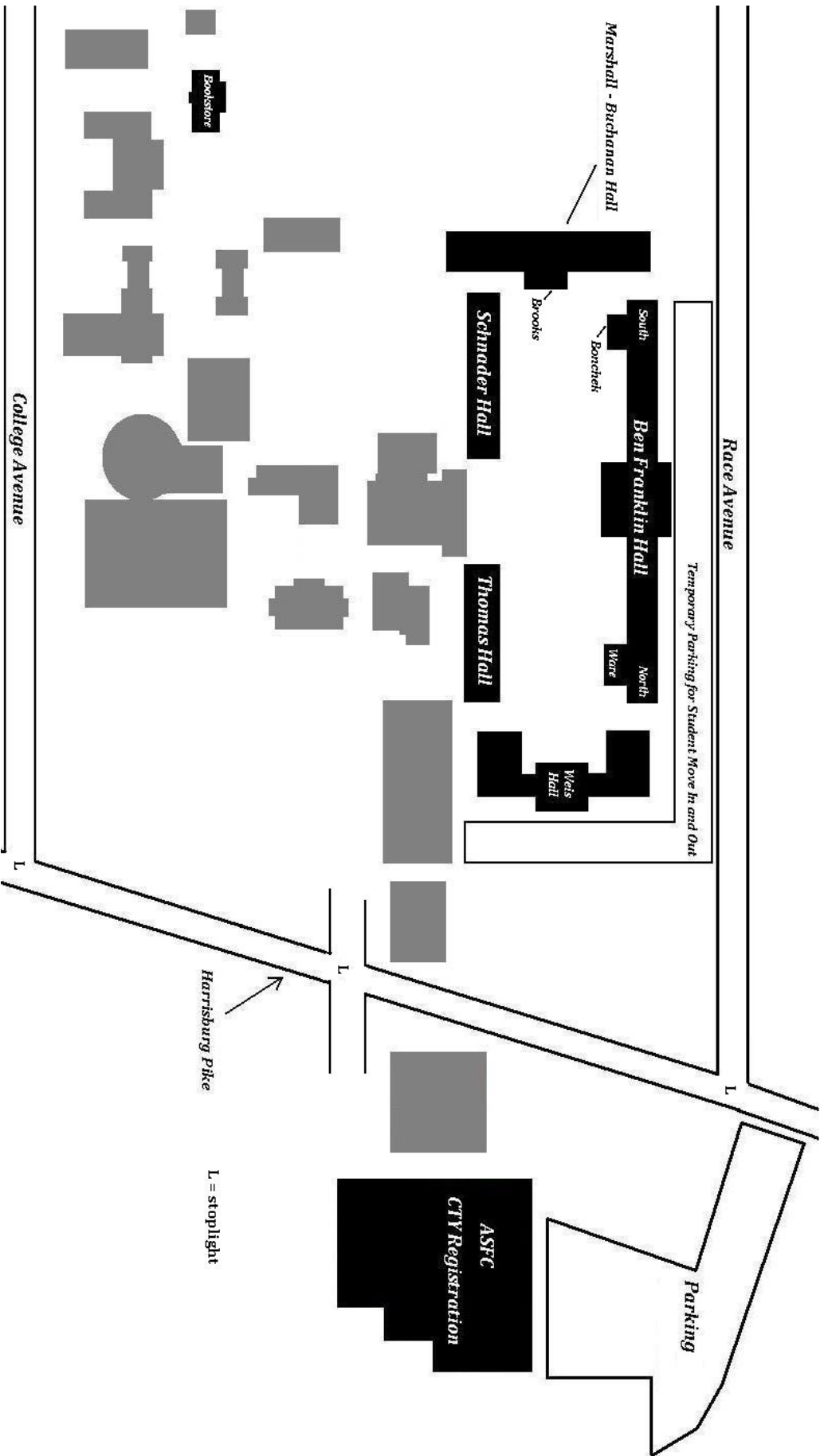
Please begin the process as early as possible since it can take up to six weeks to obtain a visa.

### **Intersession Accommodations**

For students attending both sessions, we recommend that students spend the intersession weekend off campus with family or friends in the area. However, intersession accommodations are available on the campus for a fee of \$75 per day. This fee includes room, board, and supervision. Students will be housed in temporary quarters, then move into their second session rooms on Sunday. Storage for luggage and other belongings is available on campus for all students staying for Session 2.

# Franklin & Marshall College Campus (detail)

Parking in areas other than those specified below may result in towing.



## Registration, Tuition, and Financial Aid

### Requesting Changes

It is possible to request changes in courses and sites, but, except in extenuating circumstances, we can make changes only after we have completed the course assignment process for the regular registration deadline in late April. Whether or not we can make a change will depend upon whether the desired course/site/session has space available. To request a course change, please log in to your MyCTY account at *cty.jhu.edu*, click on the “Manage Enrollments” link and then click on Course Change Request. If you have questions regarding this process, please contact the Registration Office at 1-800-393-6095 or *CTYRegsumm@jhu.edu*.

All requests to change to a course that is already full will be handled through the **Wait List**. To request to be placed on the wait list, please log in to your MyCTY account at *cty.jhu.edu*, click on the “Manage Enrollments” link and then click on Course Change Request and select the Wait List box. **Please note:** You can only select this box if you are enrolled in a class. If you request to be put on the Wait List, you will receive a confirmation letter from the Registration Office, listing the course(s) you have asked to be moved to, if possible. If you have questions about the Wait List, please contact the Registration Office at 1-800-393-6095 or *CTYRegsumm@jhu.edu*.

Your child will be considered for new choices and placement from the wait list as part of the next regular weekly course assignment run. Remember, each week the number of students requesting a course could exceed the space available. For this reason, placement in one of the new choices is NOT guaranteed. If your child is placed in a new course, you will receive a new course assignment notice.

**Important:** If you received an assignment for any course that you listed on your application, you will not receive a refund if you decide to withdraw from the program.

### Requesting a Second Course Assignment

Requests for an additional session may be submitted using a paper form, posted at *cty.jhu.edu/summer/forms.html*, or online through MyCTY. At this time, our online application does not accommodate requests for an additional session. Students may submit requests as soon as they have received an initial course placement. However, we will not begin considering students for assignment to an additional session until April 7. Students whose forms are received in our office by Wednesday of a given week will be notified of their status by email on Friday of that week. They will be considered for placement using the same computer ranking system described under “How Courses are Assigned” in the catalog.

### Requests to Attend with Siblings or Friends

If you have siblings or friends who wish to attend the same site, all of their course choices should have been for the same site. Otherwise, as a result of our automated assignment process it is quite likely that they were assigned to different sites. If siblings or friends wish to attend together and they were assigned to different sites, please call the CTY Registration Office immediately (see above, “Requesting Course/Site/Session Changes”). While we are happy to try to make a change, we cannot guarantee that siblings or friends will be placed at the same site.

### Tuition Policies

You can log in to your MyCTY account at *cty.jhu.edu* to make a credit card payment, obtain your account balance, or view detailed financial transactions. Check payments are also accepted and should be mailed to the address on the invoice. All payments are due in accordance with the due dates on the invoice and registrations may be withdrawn if balances are unpaid. Any questions concerning your invoice should be directed to 1-800-393-6095.

### Financial Aid

If you submitted a complete financial aid application, which would have included a copy of your parent’s federal income tax forms, you

should receive notification of your financial aid eligibility within 30 days of your course assignment. If we have not received your parent's federal income tax forms yet, you will be notified of your financial aid eligibility after we have received these documents. If you have any financial aid questions, please call the CTY Financial Aid Office at 1-800-393-6095.

A note about travel expenses: If you have been assigned to a course which requires travel by air or train, you will want to make travel arrangements as early as possible for cheaper rates. **Financial aid does not cover travel costs.**

*Financial aid funding may be more limited than in previous years; consequently, families may be expected to contribute more to the cost of the program.*

# CTY Summer Programs Refund Policy

|   |   |  |  |
|---|---|--|--|
| <b>Before course assignments are made</b>                 | Tuition and non-application fees paid will be refunded in full. |  | Application and international fees will not be refunded under any circumstances. |
| <b>After course assignments and before session begins</b> | January   | Tuition and non-application fees paid will be refunded in full.                  | Application and international fees will not be refunded under any circumstances. |
|   | February*   | Tuition and non-application fees paid, less 25% of the deposit, will be refunded |  |
|   | March*  | Tuition and non-application fees paid, less 50% of the deposit will be refunded. |  |
|   | April*  | Tuition and non-application fees paid, less 75% of deposit will be refunded.     |  |
|   | May thru July*  | Tuition and non-application fees paid, less 100% of deposit will be refunded.    |  |

*\* Tuition and non-application fees paid are fully refundable only in the following circumstances: if a student withdraws for a medical reason and provides us with appropriate documentation from a physician; the student did not receive sufficient financial aid; the student is not assigned to any of the courses requested; or all the requested courses are canceled.*

|                                   |             |  |  |
|-----------------------------------|-------------|--|--|
| <b>After the session begins**</b> | Week 1      | If the student withdraws or is dismissed, room and board will be refunded on a prorated basis. | Application and international fees will not be refunded under any circumstances. |
|                                   | Weeks 2 & 3 | No refund  |  |

*\*\*If a student withdraws due to a medical reason and appropriate documentation from a physician is provided, a refund will be given on a prorated basis.*

## Expectations for Student Conduct

We expect our students to meet the highest standards of behavior, both in personal deportment and in dedication to academic pursuits. At each site, students learn about our standards for behavior, including site rules, on the first day. While specific rules vary somewhat from site to site, community standards throughout our summer programs are basic and consistent. They apply both in and out of the classroom. They include a commitment to academic and personal integrity, respect for all members of the community, regard for the basic rules of physical safety, and cooperation with adult supervision. To this end, students must adhere to our Honor Code (see below). We cannot accommodate students who are unwilling or unable to live up to these expectations. Please discuss the meaning of this code with your child.

### Center for Talented Youth Honor Code

CTY's summer programs provide a unique opportunity for intellectually curious people from diverse backgrounds to come together in pursuit of academic challenge and growth, within a supportive community built on respect, responsibility, and trust. In order to create and sustain such a community:

I promise to uphold academic and personal integrity, to respect the ideas and property of others, and to ensure that those around me do the same; and

I promise to follow the Expectations for Student Conduct:

- Strive to do the best academic work possible.
- Respect individuals of different races, cultures, religions, genders, sexual orientations, ages, disabilities, and national origins.
- Behave in a friendly, cooperative, safe, and responsible manner toward all persons in the CTY community and in the larger campus and local communities.
- Attend all class sessions, meals, activities, and meetings.
- Take responsibility for my own work and actions.
- Cooperate with adult supervision.
- Observe rules for physical safety and all other rules for student conduct.

I understand that my actions will shape our site community, and that my membership in the community depends on my honoring this code.

### Academic Expectations

Our program is fast-paced, and a component of the Center for Talented Youth Honor Code is that students strive to do the best academic work possible. When a student is not meeting our expectations, CTY staff will seek ways to help him or her succeed, including consulting with parents. However, a repeated pattern of poor performance on academic assignments will result in a negative final course evaluation or possible early dismissal from the program.

### Dismissal Policy

Rules and regulations concerning student conduct will be explained during the orientation period at the beginning of each session. The rules define visitation guidelines, curfews, campus boundaries, safety policies, and so on.

Students may be dismissed from the program for any of the following reasons:

- not attending to their academic work in a satisfactory manner
- cheating, plagiarizing, or committing other acts of academic dishonesty
- being in restricted areas of campus, or leaving campus, unaccompanied by a staff member
- being on an opposite-sex hall
- leaving their halls after lights-out
- stealing or vandalizing property
- keeping prescription or non-prescription medication in their possession (some limited exceptions found on page 20 of this packet)
- possessing or using tobacco, alcohol, or drugs
- engaging in bullying, hazing, or harassing behavior
- not cooperating with adult supervision
- undermining the safety or wellbeing of self or others (including threats).

We reserve the right to ask a student to leave the program for disciplinary, medical, or other reasons. If a student is asked to leave, parents must arrange for the student's transportation from the site immediately.

No tuition refunds will be made to students dismissed from the program for disciplinary reasons. If a student damages property, the cost of repair or replacement is added to the student's account balance. CTY provides clear guidelines and careful supervision, but students are ultimately responsible for their own conduct. Disciplinary issues are handled by site administrators.

### **Prohibited Items**

The following items must not be brought to the sites:

- weapons of any kind (including pocket knives and martial arts devices)
- any flame-producing device (including matches, lighters, and firecrackers)
- high energy drinks, such as Red Bull, Monster, and Amp
- role-playing game books or other items associated with role-playing games
- trading cards
- pets of any kind
- televisions, computer/video games, or DVDs
- bicycles, skateboards, roller blades, skates, scooters, or shoes with wheels
- water guns
- halogen lamps, refrigerators, or cooking devices
- staff lanyards from current or previous summers.

In addition to the above list, we reserve the right to confiscate for the length of the program any items that, in our judgment, demonstrate the potential for distracting students from the goals of the program, pose undue risk to the safety and wellbeing of people, or pose undue risk to property.

Please note: Students are issued bright colored lanyards for identification and safety purposes. Staff lanyards are designated black or white in order to help identify staff. Students are not to be in possession of staff lanyards at any time and should not bring staff lanyards or reproductions to the site.

## Medical Forms and Medical Care

### Medical Forms

CTY requires medical forms to be completed for each student attending Summer Programs. Medical forms can be found by accessing your MyCTY account. Copies of the forms are also located in this packet beginning on page 25. **Students who have not submitted properly completed forms will not be permitted to participate in the program.** For more information on how to submit these forms to CTY Registration please refer to the instructions on page 23. Completion of this information is essential to our ability to care for your child this summer.

The parent or guardian must complete the enclosed **Medical Information Form** and submit the form to CTY Registration **within 15 business days of receipt of this packet.** This form contains information about emergency contacts, health insurance, allergies, medical history, and liability release.

The **Physician's and Parents' Consent Form** needs to be submitted to CTY and requires the signatures of both the child's physician and parent or guardian. This form is due to CTY Registration by **May 15** to allow time for parents and guardians to make appointments with the child's physician, if necessary. A physician must sign for each student **every year**, so if you have not already scheduled an appointment with your physician, please do so right away. If your child has had a physical examination within the past two years, your physician may be willing to complete the form without a new office visit. However, **a current signature (12 months prior to the start of the session) is still needed.** It is up to your child's physician to determine if the information from a physical prior to the current academic year is still reflective of your child's health. Please take special note of the required vaccinations as detailed on the Physician's and Parents' Consent Form.

If your child is not vaccinated for religious, philosophical, or other reasons, please contact your site program manager. Please understand that in the event of an outbreak of a disease for which we require immunization (including

varicella/chickenpox), students without proper vaccination will be required to leave the site.

Please keep backup copies of these forms. Keep one copy at home and send another copy with your child to have on hand at Student Check-In on Opening Day in case for any reason site staff do not have the copies you submitted. We also request that you submit **copies of your medical insurance and (if applicable) prescription cards.** Be aware that not all providers accept all insurance or prescription plans, but they will nevertheless require this information before seeing your child.

### Medical Care at the Site

The CTY administrative staff is responsible for providing first aid and for distributing prescription and non-prescription medication in compliance with local regulations and as authorized by signatures on the appropriate medical forms. The administrative staff includes at least one nurse. One or more health assistants may be present at some sites. Health assistants are not licensed professionals, but assist with health logistics and communications; they maintain medical records, escort students to medical appointments, and may help with the medication distribution protocol.

A nurse is on duty at least part time; nurses screen medical complaints and, when needed, refer students to local physicians, clinics, or emergency rooms for treatment. When a nurse is not on duty, students who need treatment are taken directly to walk-in clinics or emergency rooms. When students are referred to local providers, whether taken there directly or referred by the nurse, a CTY staff member accompanies them, and parents are informed as soon as possible.

### Payment for Medical Services

The parent or guardian who signs the Medical Information Form is responsible for all costs incurred as a result of medical care provided, including the cost of prescription drugs. CTY does not provide medical insurance of any kind for students. Contact your health insurance company to determine your coverage for care your child may receive while attending CTY.

Although we request that all students send in a photocopy of their insurance and/or pharmacy cards with their medical forms, not all providers accept all insurance plans. Few of the local providers will bill your insurance company directly. Instead, they will require full payment from you, but provide you with documentation so that you may file a claim and receive whatever reimbursement you are entitled to under your policy. Nevertheless, having complete insurance information and a copy of your insurance card on file facilitates our ability to help your child in the event medical care is necessary. In some cases, payment will be required at the time services are rendered. Any costs incurred and not paid by the family at the time of service will be billed to the student's account. CTY regrets that it cannot accommodate requests to use a specific health care provider.

## Injections

CTY staff members do not give injections; students on injectables are expected to self-administer. If this is an issue, please contact your site's program manager to explore other arrangements immediately. Generally, it is not possible to arrange allergy shots.

## Medication Policies and Procedures

In order to maintain a safe environment for students, CTY has strict policies for handling, distributing, and storing medications. Policies are subject to change each year and can vary from site to site depending on local regulations. Please take note of the medication policies and procedures below. If you have questions or concerns, do not hesitate to contact your site's program manager or assistant program manager.

- **Students who take medications regularly during the school year should continue to take them at the program as prescribed.** At CTY the daily schedule and demands of the program require at least as much focus and energy as needed during the typical school day. To have the greatest opportunity for success, students should keep to their regular protocols for the school year.
- **Students are strongly encouraged to bring only those medications that are absolutely essential.** For example, we urge families to

consider leaving vitamins and supplements at home.

- **Students are not permitted to keep any medications, whether prescription or non-prescription, in their possession; this includes topical creams, growth hormone serums, vitamins, and herbal or dietary supplements.** Exceptions are made only for emergency-use medications, such as rescue inhalers, and EpiPens®. Violating this policy is grounds for dismissal.
- **CTY will have common non-prescription medications for occasional use,** such as Advil, Benadryl, throat lozenges, Imodium, Robitussin, Sudafed PE, Tums, Tylenol, and Visine. Please refer to the Physician's and Parents' Consent Form for a complete list. For this reason, unless students take a non-prescription medication on a regular basis as directed by a physician, we ask that students leave these medications at home. ***The Physician's and Parents' Consent Form must list all medications brought to CTY,*** whether prescription or non-prescription.
- **Upon arrival at the site, students must turn in all medications to CTY staff.** The medications will be kept in a secure location in the health office (refrigerated if necessary), and students will report to this office at the appropriate times to take them.
- **All prescription medications must be in their original pharmacy containers with the student's name and dosage instructions written in *English* and clearly legible.** This is true even if the medication is from a non-U.S. pharmacy.
- **All non-prescription medications also must be in their original containers with dosage instructions written in *English*.** They will be distributed only as indicated on the package. We ask that students bring non-prescription medication only if they take it on a regular basis as directed by a physician.
- **Medication without proper labels or physician authorization will not be distributed.** If your child is taking the medication in a manner other than what is written on the medication container, you

will need a signed prescription from your physician.

- Parents should be sure to send enough medication for the length of the program.

### **Meningitis Vaccine**

You may have read about college students and the risk of meningitis. At CTY summer programs, the risk of bacterial meningitis is extremely low. There has never been a documented case in our summer programs, and **we do not require that students get the meningitis vaccine**. However, as our students do live in residence halls, we are providing you with a summary of information recommended by the American College Health Association.

Bacterial meningitis is a serious infection of the membranes surrounding the brain and spinal cord. The most common cause of this disease in young adults is the bacterium *Neisseria meningitidis*, also known as meningococcus (meh-NIN-joh-caucus). Recent evidence shows that college students residing in dormitories are at higher risk for meningitis than are college students as a whole. Due to this finding, the CDC has recently recommended that undergraduates planning to reside in dormitories consider getting the meningococcus vaccine. The vaccine is very safe, and immunity lasts from 3-5 years. Please ask your pediatrician for more information and advice about the vaccine.

### **Tuberculosis Screening**

Tuberculosis screening is required for all students as indicated in the Physician's and Parents' Consent Form. Further skin test, blood test, or chest X-ray results, depending on circumstances may be required for most **students traveling from outside the US**. If a student was born outside the U.S. or has traveled abroad s/he may also need to be tested. However, certain countries are exempt from this requirement. Please refer to the Physician's and Parents' Consent Form or International Student Packet for further information. To assist you with determining if your child needs TB testing, you may also refer to the TB Screening Diagrams in [cty.jhu.edu/summer/docs/CTY\\_TB\\_testing\\_flow\\_charts.pdf](http://cty.jhu.edu/summer/docs/CTY_TB_testing_flow_charts.pdf).

#### **Students traveling from outside the U.S.**

Please be sure that any prescription medication you need is in the original pharmacy container and that label is written in English or that dosage instructions are written in English and signed by the prescribing physician. In addition, please double check that you have your medication with you before leaving home.

## Information for Students with Disabilities or Special Needs

### Students with Learning, Physical, or Medical Issues

Open communication between CTY and parents is essential to meeting students' needs. **If your child has a learning, physical, dietary, mental health or other medical issue, contact CTY staff at 410-735-6215 or [cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu) to notify us and then discuss those needs in the context of the academic, social, and residential aspects of the CTY program.**

CTY is committed to providing reasonable, appropriate, and necessary accommodations for qualified students with disabilities. It is important to contact our office **every year**, even if your child received accommodations in a past CTY program, or was evaluated by CTY's Diagnostic and Counseling Center. Information of this nature is privileged and is not shared between departments at CTY without your written release.

### Documentation & Accommodations

For reasonable accommodations to be provided, current documentation from a qualified professional knowledgeable about the student's disability should be submitted to our office by **May 15**. Requests made outside of this timeline may adversely affect our ability to provide accommodations and in certain circumstances may prevent a child from participating in our program. The sooner you can discuss the services your child needs, the better.

Documentation should include the diagnosis of the disability, a description of the specific functional limitations as they pertain to both the academic and residential settings, and recommended accommodations. You should also disclose any disabilities on the Medical Information Form (packet pg 26/form pg 2). The privacy rights of students with disabilities are honored to the fullest extent possible.

Further guidelines on documentation can be found at [cty.jhu.edu/services/ds/documentation\\_guidelines.html](http://cty.jhu.edu/services/ds/documentation_guidelines.html).

Costs for personal attendants, personally prescribed devices, or services which involve travel and other expenses are the responsibility of the student's family. If you have questions that are specific to site accessibility for any family members or friends who may visit the site, please contact the site's program manager at the number listed in this packet.

**All students who regularly take prescription medication during the school year should continue to take their medication during the program as prescribed by their physicians.** At CTY the daily schedule and demands of the program require at least as much focus and energy as needed during the typical school day. To have the greatest opportunity for success at CTY, students should keep to their regular prescription medication schedule.

### Students with Allergies and Medical Dietary Needs

If your child needs special dietary accommodations due to severe allergies or other medical issues, contact CTY staff at 410-735-6215 or [cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu) by **May 15** in order to discuss reasonable accommodations in the context of the CTY program and site your child is attending.

If your child has been prescribed an epinephrine auto-injector for possible anaphylaxis, please complete **CTY's Allergy Action Plan** with your physician and submit it along with the medical forms. For further information on food allergy management at CTY and to download the **Allergy Action Plan**, visit: [cty.jhu.edu/services/ds/FoodAllergyInfo.html](http://cty.jhu.edu/services/ds/FoodAllergyInfo.html).

You may submit an Allergy Action Plan your child uses during the school instead of CTY's Allergy Action Plan if it includes a physician's signature.

Refer to the Food Allergy Information for Parents and Students document to help in determining if accommodations/supports will be needed. This can be accessed at: [cty.jhu.edu/services/ds/foodallergyinfo.html](http://cty.jhu.edu/services/ds/foodallergyinfo.html).

# Student Services 2012

## Medical Forms: Completion Guide/Check List

\* Indicates form is required for all students for participation in the programs.

|   |  |
|---|--|
| * <b>Medical Information Form</b><br>(requires parent or guardian signature)  | due <b>15 business days</b> after receipt of this packet |
| <i>Copy of Medical Insurance Card</i><br><i>Copy of Prescription Card</i> (if you have one)<br>(Be sure to copy the front and back of each card.) | due <b>15 business days</b> after receipt of this packet |
| * <b>Physician's and Parents' Consent Form</b><br>(requires parent /guardian AND a current physician's signature)                                 | due no later than <b>May 15</b>                          |
| <b>(if applicable)</b> <i>CTY Allergy Action Plan</i> (requires parent /guardian AND a current physician's signature)                             | due no later than <b>May 15</b>                          |

### Directions for completion:

- Fill out the appropriate portions of each form.
  - The Medical Information Form*: **parents/guardians** must complete all portions of this form. **(Please note: for your convenience, a fully online version of this form is also available via your MyCTY account)**
  - The Physician's and Parents' Consent Form*: **parents/guardians** complete the portions of this form shaded in gray. **Physicians** complete the rest of the form.
  - (if applicable) *CTY Allergy Action Plan*: If your child carries an epinephrine auto-injector for possible anaphylaxis, this form is required. Take this form to your physician along with the *Physician's and Parents' Consent Form* to be reviewed and signed by the physician.

Please refer to the instructions on the forms and the *CTY Medical Forms Completion Guide/Check List* on the back of this page for more detailed instructions.
- Make two copies of and submit the *Medical Information Form* **within 15 days of receiving this packet**. Do not wait to submit this form along with the *Physician's and Parents' Consent Form*.
- Call your child's physician to have the *Physician's and Parents' Consent Form* and (if applicable) *CTY Allergy Action Plan* completed.
  - The *Physician's and Parents' Consent Form* must include a physician's signature from within the 12 months prior to the start of your child's CTY session. This form must be submitted **no later than May 15**.
  - If your child has an *Allergy Action Plan* from the current school year that contains the same information as *CTY's Allergy Action Plan* (including a physician's signature), this may be submitted instead of CTY's form.
- Make two copies of and submit the *Physician's and Parents' Consent Form* and (if applicable) *CTY's Allergy Action Plan*.

### Forms can be submitted:

#### Electronically

**MyCTY**: Login to student's account to upload

**Fax**: 866-548-8022

**Email**: ctyregsumm@jhu.edu

#### or By Mail:

CTY Registration

McAuley Hall, Suite 400

5801 Smith Ave.

Baltimore, MD 21209

### Please be aware of CTY's Medication Policies:

- All medications (including prescription, non-prescription, vitamins, homeopathic supplements, and topical medications) **MUST** be listed on this form and approved by BOTH the parent/guardian and physician.
- All non-prescription medications (including vitamins, supplements, etc.) **MUST** be in their original containers with packaging in English.
- All prescription medications **MUST** be provided in their original containers with prescriptions and packaging in English.
- Scheduled medications are distributed based on the frequency directed by labels/instructions during five medication rounds at breakfast, lunch, 3PM, dinner, and bedtime. Scheduled medications are typically not distributed outside of these regular rounds.
- All medications (including vitamins, supplements, etc.) must be turned in to CTY staff on Student Check-In day. Students are not permitted to keep any prescription or non-prescription medication, herbs, vitamins or supplements on their person or in their residence hall at any time with the exception of approved emergency use medications.
- Students are strongly encouraged to bring only those medications that are absolutely essential.**

# Student Services 2012

## Medical Forms: Completion Guide/Check List

Before submitting your forms, use the following checklist to verify your documents for completion. **You do not need to include this page when you submit your forms.** \*Indicates Required Information

### Medical Information Form

- Section 1** Emergency Contacts\*
- Section 2** Medical Insurance —*Include a copy of insurance card. If no medical insurance, contact your site program manager.*
- Section 3**, Medical History\* —*check any conditions that apply, list any operations with dates, if none write “n/a;” If the child is under the care of a psychologist, counselor, include contact information.*
- Section 4** Allergies and Adverse Reactions — *If the child carries an epinephrine auto-injector, complete CTY’s Allergy Action Plan.*
- Section 5** Students with Learning, Physical, or Medical Issues or Disabilities—*Contact CTY Disability Services if your child requires accommodations or support (cty-disabilities@jhu.edu or 410-735-6215).*
- Section 6** Signature\* — *Sign and Date.*

### Physician’s and Parents’ Consent Form

- Section 1** Student Information\* (*completed by parent/guardian*)
- Section 2** Immunizations Record\* (*completed by physician*)
- Section 3** Physical Exam Results\* (*completed by physician*)
- Section 4** Non-Prescription Medication (*completed by physician AND parent/guardian*) BOTH parent/guardian AND Physicians initials for each non-prescription medication stocked in the CTY health office. Name, dosage, and time are included for all non-prescription medication the child will bring to the site from home. Parent/guardian AND Physician initials for consent.
- Section 5** Prescription Medication — (*completed by physician AND parent/guardian*) Physician includes name, dosage, and time for all prescription medication. Physician initials, parent or guardian initials’ for consent.
- Section 6** TB Screening Information\* (*completed by parent/guardian*)
- Section 7** TB Testing Results (*completed by physician- if required*)
- Section 8** Physician’s Signature\* (*completed by physician*)
- Section 9** Parent/Guardian Signature and Permission to Treat\* (*completed by parent/guardian*)

### Additional Documents (if applicable)

- Copy of Medical Insurance Card
- Copy of Prescription Card
- CTY Allergy Action Plan
- Other documents — If you have checked any of the “ Check here if information is attached” boxes, include those documents.

**Please note:** ONLY Sections 2, 3, and 7 in the *Physician’s and Parents’ Consent Form* may be replaced by equivalent documentation signed by a Physician. All other section of the forms MUST be completed and signed as indicated.

# Student Services 2012

## Medical Information Form – LAN

This form is due **15 business days** after receipt of your course assignment packet.

Keep a copy at home that you can bring to the site as a back-up.

**Submit via**

**MyCTY:** Login to student's account to upload (preferred)

**Fax:** 866-548-8022:

**Email:** ctyregsumm@jhu.edu

or

**Mail to** CTY Registration

McAuley Hall, Suite 400

5801 Smith Ave.

Baltimore, MD 21209

### Section 1: Emergency Contacts

CTY Student ID Number: \_\_\_\_\_ Session student is attending (check): 1 2 Both

Student's First Name: \_\_\_\_\_ Student's Last Name/surname: \_\_\_\_\_

Student's Date of Birth (month/day/year): \_\_\_\_\_ Student's Gender (check):  M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State (or Country if outside US): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's/Guardian First Name: \_\_\_\_\_ Father's/Guardian Last Name/surname: \_\_\_\_\_

Father's/Guardian's home phone: \_\_\_\_\_ Father's/Guardian's work phone: \_\_\_\_\_

Father's/Guardian's cell phone: \_\_\_\_\_ Father's/Guardian's email: \_\_\_\_\_

Mother's/Guardian First Name: \_\_\_\_\_ Mother's/Guardian Last Name/surname: \_\_\_\_\_

Mother's/Guardian's home phone: \_\_\_\_\_ Mother's/Guardian's work phone: \_\_\_\_\_

Mother's/Guardian's cell phone \_\_\_\_\_ Mother's/Guardian's email: \_\_\_\_\_

Additional Contact Information (Vacation dates and hotel contact numbers, for example.) \_\_\_\_\_

Attach extra pages if needed.  Check if information is attached.

Emergency Contact #1 (Other than parent/guardian; MUST BE IN United States): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

### Section 2: Medical Insurance

If you have insurance, please submit a photocopy of insurance and/or pharmacy cards (**front and back**) and bring a duplicate copy to the site. Please ensure that the information is in English. Please note that not all insurances are accepted by all providers.

Check here if you do not have insurance. If you do not have insurance, please call your site program manager.

Medical insurance provider: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

Policy/group #: \_\_\_\_\_ Prescription card #: \_\_\_\_\_

Address and phone no. of insurance co.: \_\_\_\_\_

# Student Services 2012

## Medical Information Form – LAN

Student's First Name: \_\_\_\_\_ Student's Last Name/surname: \_\_\_\_\_ CTY ID Number: \_\_\_\_\_

### Section 3: Medical History

Please indicate your child's full medical history below. This information will be necessary in the event that your child needs emergency medical treatment.

- 1) An immunization record is required as part of the *Physician's and Parents' Consent Form*. In the event of an outbreak, students who are not fully vaccinated will be required to leave the site.
- 2) Check any conditions that apply. Provide any additional information in the space provided or on an additional sheet if necessary.

- |  |  |
|--|--|
| <input type="checkbox"/> Wears contacts/glasses.   | <input type="checkbox"/> Eczema/skin disorder                                      |
| <input type="checkbox"/> Vision impairment (other than wearing contacts/glasses).                          | <input type="checkbox"/> Chicken pox ( <b>check if had chicken pox</b> )           |
| <input type="checkbox"/> Hearing impairment ( <input type="checkbox"/> <b>check if wears hearing aid</b> ) | <input type="checkbox"/> Musculoskeletal disorders                                 |
| <input type="checkbox"/> Ear/sinus infections  | <input type="checkbox"/> Neurological disorders                                    |
| <input type="checkbox"/> Asthma ( <input type="checkbox"/> <b>carries inhaler</b> )                        | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Bronchitis/pneumonia  | <input type="checkbox"/> Fainting  |
| <input type="checkbox"/> Heart defect/disease  | <input type="checkbox"/> Migraines/headaches                                       |
| <input type="checkbox"/> Hemophilia/anemia/blood disorders   | <input type="checkbox"/> Depression/anxiety  |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Eating disorders  |
| <input type="checkbox"/> Gastrointestinal disorders  | <input type="checkbox"/> Learning disability                                       |
| <input type="checkbox"/> Urinary tract infections  | <input type="checkbox"/> ADHD  |
| <input type="checkbox"/> Enuresis (bed wetting)  | <input type="checkbox"/> Developmental disorders (e.g., Asperger's, Autism, NVLD)  |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Other: (e.g., Sleepwalking) <b>Please describe.</b> _____ |

3) Please provide any additional information on any of the checked items from the list above: \_\_\_\_\_

**Check if additional information is attached.**

4) List any operations and/or serious illness (include condition/procedure and date; approximate dates are fine): \_\_\_\_\_

5) Is your child under the care of a psychologist, psychiatrist, or counselor?  Yes  No  
If yes, please provide contact information for psychologist, psychiatrist, or counselor: \_\_\_\_\_

### Section 4: Allergies and Adverse Reactions

Do not give my child the following medications under any circumstances: \_\_\_\_\_

List allergies to medications, food, insect bites, environmental factors, etc.: \_\_\_\_\_

Has your child been prescribed an EpiPen® for possible anaphylaxis?  Yes  No

If yes, complete **CTY's Allergy Action Plan** with your physician and submit it along with the medical forms.

For further information on food allergy management at CTY and to download the **Allergy Action Plan**, visit:

<http://cty.jhu.edu/services/ds/FoodAllergyInfo.html>

### Section 5: Students with Learning, Physical, or Medical Issues or Disabilities

Check if physical, medical, classroom, dietary, or other accommodations or supports will be needed **AND** contact CTY Disability Services by **May 15<sup>th</sup>** at 410-735-6215 or [cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu). Accommodations/supports cannot be provided without contacting CTY Disability Services.

### Section 6: Signature

The information I have provided on this form is accurate and complete. A photocopy of this form shall serve in the same capacity as the original document.

I understand that CTY carries no medical insurance of any kind for students. If my child will travel outside his/her home country, I represent that I have arranged for my child to be covered throughout the program and throughout her/his absence from our home country by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries my child may sustain or experience while out of our own country. Regardless of my insurance status, I release Johns Hopkins University from any responsibility and liability for my child's injuries, illness, medical bills, charges, or similar expenses.

I understand that I am fully responsible for all medical costs incurred by my child.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Services 2012

## Physician's & Parents' Consent Form-LAN

This form is due by **MAY 15**. **Keep a copy at home that you can bring to the site as a back-up.**  
 No medication (including vitamins and supplements) may be administered without this form.

**Parents** must complete all sections shaded in gray.

**Physicians** complete and initial sections 2, 3, 4, 5, 7 (if applicable), and 8.

**Submit via**

**MyCTY:** Login to student's account to upload (**preferred**)

**Fax:** 866-548-8022:

**Email:** ctyregsumm@jhu.edu

**or**

**Mail to**

CTY Registration

McAuley Hall, Suite 400

5801 Smith Ave.

Baltimore, MD 21209

### Section 1: Student Information. To be completed by parent/guardian.

Student CTY ID number: \_\_\_\_\_ Session: 1 2 Both

Student's First Name: \_\_\_\_\_ Student's Last Name/surname: \_\_\_\_\_

### Section 2: Immunization Record. To be completed by physician

Required Immunizations: (Provide dates MM/DD/YY for the vaccinations listed below.)

|  |   |  |                                   |  |
|--|---|--|-----------------------------------|--|
| <b>Varicella (chicken pox)</b>   |   |  |                                   |  |
| 1 <sup>st</sup> dose: ___/___/___  | 2 <sup>nd</sup> dose: ___/___/___<br><small>(2<sup>nd</sup> dose if 1<sup>st</sup> dose at 13 years of age or older).</small> | A varicella titer or other documentation of immunity from a physician is acceptable. |                                   |  |
| <b>Polio</b>   |   |  |                                   |  |
| 1 <sup>st</sup> dose: ___/___/___  | 2 <sup>nd</sup> dose: ___/___/___   | 3 <sup>rd</sup> dose: ___/___/___  | 4 <sup>th</sup> dose: ___/___/___ |  |
| <b>Hepatitis B</b>   |   |  |                                   |  |
| 1 <sup>st</sup> dose: ___/___/___  | 2 <sup>nd</sup> dose: ___/___/___   | 3 <sup>rd</sup> dose: ___/___/___  |                                   |  |
| <b>MMR</b>   |   |  |                                   |  |
| 1 <sup>st</sup> dose: ___/___/___<br><small>(Date for 1<sup>st</sup> dose must be after age 12 months)</small>                               | 2 <sup>nd</sup> dose: ___/___/___   |  |                                   |  |
| <b>DPT/DTaP</b>  |   |  |                                   |  |
| 1 <sup>st</sup> dose: ___/___/___  | 2 <sup>nd</sup> dose: ___/___/___   | 3 <sup>rd</sup> dose: ___/___/___  | 4 <sup>th</sup> dose: ___/___/___ | 5 <sup>th</sup> dose: ___/___/___<br><small>(5<sup>th</sup> dose <b>ONLY</b> if the fourth dose was administered before the fourth birthday)</small> |
| <b>Single dose of Tdap:</b> ( <i>ONLY if 11-18 years of age and if 5 years have elapsed since last tetanus immunization</i> )<br>___/___/___ |   |  |                                   |  |
| <b>Last Tetanus Booster</b><br>___/___/___   |   |  |                                   |  |
| <b>Other Immunizations (Not Required):</b> Provide dates for the vaccinations listed below   |   |  |                                   |  |
| Last seasonal flu vaccine ___/___/___    Haemophilus Influenza Type B ___/___/___    Meningococcus ___/___/___                               |   |  |                                   |  |

### Section 3: Physical Exam Results. To be completed by physician.

**Date of physical exam:** \_\_\_\_\_ (Must be within the last 2 years.)

Student's Weight: \_\_\_\_\_ (check: pounds kg)

|  |          |
|--|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have any disabilities, dietary restrictions, or mental or physical health issues of which CTY should be aware? | Details: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are any physical activities to be restricted?   | Details: |

If the student is currently taking medications, please complete Section 4 and 5 below

**Your child will not be permitted to stay in the program without this form.**

## Student Services 2012 Physician's & Parents' Consent Form- LAN

Student's Name: (First) \_\_\_\_\_ (Last Name/surname) \_\_\_\_\_ CTY ID Number: \_\_\_\_\_

### Section 4: Non-Prescription Medications. To be completed by parent/guardian AND physician.

Parents/guardians, please check here if you wish NO non-prescription medications be administered to your child during the program.

**Parents and Physicians *must initial*** any non-prescription medication in order for it to be administered. These medications are stocked in the CTY site health office and given **per label instructions by weight & age**.

| Non-Prescription Medication           | Parent Initials | Physician Initials | Non-Prescription Medication               | Parent Initials | Physician Initials |
|---------------------------------------|-----------------|--------------------|---|-----------------|--------------------|
| Acetaminophen (Tylenol)               |                 |                    | Hydrocortisone Cream (1%)                 |                 |                    |
| Antibiotic ointment (Polysporin)      |                 |                    | Ibuprofen (Advil)                         |                 |                    |
| Milk of Magnesia(Magnesium Hydroxide) |                 |                    | Isopropyl Alcohol 95% (Auro-dri/Swim Ear) |                 |                    |
| Calcium Carbonate (Tums)              |                 |                    | Loperamide (Imodium)                      |                 |                    |
| Dimenhydrinate (Dramamine)            |                 |                    | Phenylephrine (Sudafed PE)                |                 |                    |
| Diphenhydramine (Benadryl)            |                 |                    | Simethacone (Mylanta)                     |                 |                    |
| Guaifenesin (Robitussin Plain)        |                 |                    | Visine                                    |                 |                    |
| Guaifenesin/DM(Robitussin DM)         |                 |                    | Calamine Lotion                           |                 |                    |
| Claritin (Loratadine)                 |                 |                    | Caladryl                                  |                 |                    |

Parents should list any non-prescription medications (including vitamins, supplements, topical medications, etc.) that they intend to bring from home in the blank spaces provided below for the physician to approve. **Parents and Physicians *must initial*** in order for it to be administered.

| Medication/ Supplement | Dosage                                       | Time (check as many as apply)  | Parent Initials | Physician Initials |
|------------------------|--|--|-----------------|--------------------|
|                        | <input type="checkbox"/> per label<br>Other: | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed |                 |                    |
|                        | <input type="checkbox"/> per label<br>Other: | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed |                 |                    |
|                        | <input type="checkbox"/> per label<br>Other: | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed |                 |                    |

Attach pages to list additional medications or to provide detailed comments.  **Check here if information is attached.**

### Section 5: Prescription Medications. To be completed by parent/guardian AND physician.

Parents/guardian, check here if your child currently does not take any prescription medications.

**Physician**, please **PRINT all current prescription medications** (necessary for health staff to distribute and for emergency purposes). If the child is prescribed an EpiPen, list this below and complete *CTY's Allergy Action Plan*. Please request this form from the parents.

| Medication   | Dosage | Time(check as many as apply) and Special Notes (e.g., if not to be given on weekends)   | Parent Initials | Physician Initials | Has the student taken the medication at home? |
|--|--------|---|-----------------|--------------------|---|
|  |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed<br><i>Special Notes:</i> |                 |                    | YES NO  |
| <b>Condition for which medication is prescribed:</b> |        |   |                 |                    |   |
|  |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed<br><i>Special Notes:</i> |                 |                    | YES NO  |
| <b>Condition for which medication is prescribed:</b> |        |   |                 |                    |   |
|  |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3PM <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <b>OR</b> <input type="checkbox"/> As needed<br><i>Special Notes:</i> |                 |                    | YES NO  |
| <b>Condition for which medication is prescribed:</b> |        |   |                 |                    |   |

Attach pages to list additional medications or to provide detailed comments.  **Check here if information is attached**

**Student Services 2012**  
**Physician's & Parents' Consent Form- LAN**

Student's Name: (First) \_\_\_\_\_ (Last Name/surname) \_\_\_\_\_ CTY ID Number: \_\_\_\_\_

**Section 6: TB Screening Information and Questionnaire. To be completed by parent/guardian**

Students **DO NOT** need TB screening if they meet **BOTH** of the following conditions:

1. The only place the student has ever lived is the United States and/or any of the following countries: American Samoa, Albania, Andorra, Antigua, Australia, Austria, Bahamas, Barbados, Barbuda, Belgium, British V.I., Canada, Chile, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Luxembourg, Malta, Mexico, Montserrat, Netherlands, New Zealand, Norway, Oman, Puerto Rico, St. Kitts & Nevis, St. Lucia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turks and Caicos, United Arab Emirates & United Kingdom

**AND**

2. The student has **NEVER** spent four consecutive weeks or longer (travel, school, work, etc) in any country NOT listed above.

\*We **RECOMMEND** TB screening for any individual who worked or volunteered in homeless shelters, prisons, or long-term care, rehabilitation, or nursing home facilities.

\*In the United States, the use of BCG vaccination is **NOT** accepted as immunization against TB. Students who received a BCG Vaccine need TB screening. Proceed with the screening as outlined.

A.) Does the student meet the two conditions above?

No → CONTINUE TO SECTION B.  Yes → SCREENING COMPLETE. STOP.

B.) Has the student been screened for TB using one of the acceptable TB tests in box below?

No → TESTING REQUIRED. STOP.  Yes → CONTINUE TO SECTION C.

C.) Date of last screening that meets requirements below: \_\_\_\_\_.

Has the student spent four consecutive weeks or longer in any countries NOT listed above since this date?

No → PHYSICIAN MUST DOCUMENT DATE AND RESULTS OF LAST SCREENING.

Yes → TESTING REQUIRED.

**TB Testing Requirements**

**STEP 1 – Acceptable Tests are PPD or Mantoux test, QuantiFERON®-TB Gold or T-SPOT®.**

• **PPD/Mantoux (a skin test).** Note: If the student has had a positive PPD/Mantoux skin test, DO NOT repeat the skin test. (See Step 2).

• **QuantiFERON®-TB Gold or T-SPOT®.TB blood test.** The blood tests are more accurate and are not affected by prior BCG vaccination (a vaccination given in many countries to prevent tuberculosis)

• If the result of a PPD/Mantoux, QuantiFERON®-TB Gold or T-SPOT®.TB is negative, no further testing is needed.

**STEP 2 – Positive Test Result**

• If the PPD/Mantoux test was positive, there are two options: (1) the student can get a chest x-ray (CXR) OR, (2) the student can obtain further testing with the QuantiFERON®-TB Gold or T-SPOT®.TB blood test.

• If the result of the QuantiFERON®-TB Gold or T-SPOT®.TB is positive, the student must get a CXR (see Step 3)

**STEP 3 – Chest X-Ray (CXR)**

The CXR must be performed no more than 6 months before arrival on campus. Individuals previously testing positive for TB who had a CXR more than 6 months prior to arrival on campus do not need to repeat the CXR if they have not spent four consecutive weeks or longer outside of the United States or in any country not listed in number 1 above since the CXR was performed.

However, you must provide us with a copy (in English) of your most recent CXR report.

**Section 7: TB Testing results (if required). To be completed by physician.**

**TO PHYSICIANS:**

- Students who answer 'NO' to "A" and "B" or 'YES' to "C" above **MUST BE TESTED FOR TB.**
- For students who answer 'NO' to "C," please provide **DATE AND RESULTS OF LAST SCREENING** below.
- Please review the Acceptable TB Tests and Screening Requirements above.
- **In the United States, the use of BCG vaccination is NOT accepted as immunization against TB. Students who received a BCG Vaccine need TB screening. Proceed with the screening as outlined.**

Date of PPD Skin Test: \_\_\_\_\_ Result:  Negative  Positive \_\_\_\_\_mm induration

OR

Date of QuantiFERON®-TB Gold \_\_\_\_\_ Result:  Negative  Positive

OR

Date of T-SPOT®.TB \_\_\_\_\_ Result:  Negative  Positive

Date of Chest X-Ray \_\_\_\_\_  Normal  Abnormal  Check here if Chest X-Ray not required

Did the individual receive INH therapy if he/she screened positive for TB?  No  Yes

INH Therapy: Month/Year Started \_\_\_\_\_ Month/Year Stopped \_\_\_\_\_

Your child will not be permitted to stay in the program without this form.

**Student Services 2012  
Physician's & Parents' Consent Form- LAN**

Student's Name: (First) \_\_\_\_\_ (Last Name/surname) \_\_\_\_\_ CTY ID Number: \_\_\_\_\_

**Section 8: Physician Signatures.**

**For the physician:**

To the best of my knowledge, the student is in good mental and physical health, is up to date with required immunizations, and should be able to complete a course of study and participate in casual recreational activities in a CTY program, unless otherwise noted on this form.

The student may take the non-prescription and prescription medications indicated in section 4 and 5 above according to the orders indicated in those sections. I give permission to the health supervisor to give additional doses of non-prescription medications if symptoms persist after a single dosage.

The information provided on this form is accurate and complete. A photocopy of this form shall serve in the same capacity as the original document.

\_\_\_\_\_  
Physician's signature                      Date signed

**(Must be signed within the 12 months prior to the start of the student's CTY session)**

Physician's name, address, and phone number:

**Section 9: Parent/Guardian Signature and Permission to Treat**

**For the parent/guardian:**

I understand that medications (including prescription medications, non-prescription medications, vitamins, and supplements) will be stored in the CTY Health Office and taken only under CTY staff supervision; my child may not keep medications with him or her (with the exception of rescue asthma inhalers, EpiPens, and other emergency use medications). I understand that all medications must be in their original containers, and may be taken only according to the instructions of the prescribing physician. I understand the policies dictating sunscreen use at CTY.

I give permission for my child to take prescription and nonprescription medications as indicated on CTY medical forms, as well as to arrange necessary transportation in order for my child to receive medical care. I give permission for the medical personnel of CTY, the host site, and the nearest or most appropriate medical facility, to provide routine health care for my child; to order x-rays, tests, or treatment; and to release any records necessary for insurance purposes. In the event that I cannot be reached in an emergency, I give permission for the medical personnel selected by CTY to secure and administer treatment, including surgery or hospitalization, for the student named above. I give permission for CTY to contact my child's medical provider for the purpose of confirming medical conditions/treatments or obtaining additional information in order to provide appropriate care. This authorization shall be in effect while my child is a student in the 2012 CTY Summer Programs.

The information provided on this form is accurate and complete. A photocopy of this form shall serve in the same capacity as the original document.

\_\_\_\_\_  
Parent/Guardian signature                      Date signed

# Student Services 2012 Shuttle Request Form

We recommend that you submit your shuttle service request using the MyCTY function at [cty.jhu.edu](http://cty.jhu.edu). For details, please see Travel Information in your site packet. The nonrefundable fee for shuttle service is \$60 (one-way or round-trip). You may pay by check or credit card (see following page).

|   |  |  |  |
|---|--|--|--|
| Student Name: _____   |  | Student ID Number: _____   |  |
| Site: <b>Lancaster, PA (LAN)</b>  |  | Session: _____   |  |
| Select shuttle service to/from the following location(s):   |  |  |  |
| <input type="checkbox"/> Harrisburg International Airport (MDT)<br><input type="checkbox"/> Lancaster Airport (LNS)<br><input type="checkbox"/> Lancaster Amtrak Station        |  |  |  |
| <b>I need a shuttle on Arrival Day</b>  |  | <b>I need a shuttle on Departure Day</b>   |  |
| <input type="checkbox"/> Session 1: Sunday, June 24   |  | <input type="checkbox"/> Session 1: Friday, July 13  |  |
| <input type="checkbox"/> Session 2: Sunday, July 15   |  | <input type="checkbox"/> Session 2: Friday, August 3   |  |
| <b>Travel Itinerary</b>   |  | <b>Travel Itinerary</b>  |  |
| <b>Originating city:</b> _____  |  | <b>Originating city:</b> _____   |  |
| Flight/Train Number: _____  |  | Flight/Train Number: _____   |  |
| Airline: _____  |  | Airline: _____   |  |
| <b>Departure time:</b> ..... <input type="checkbox"/> am <input type="checkbox"/> pm  |  | <b>Departure time:</b> ..... <input type="checkbox"/> am <input type="checkbox"/> pm   |  |
| <i>Connecting Flight (if applicable)</i>  |  | <i>Connecting Flight (if applicable)</i>   |  |
| Connecting through (city): .....  |  | Connecting through (city): .....   |  |
| Flight/Train Number: .....  |  | Flight/Train Number: .....   |  |
| Airline: .....  |  | Airline: .....   |  |
| Destination city: _____   |  | Destination city: _____  |  |
| <b>Arrival Time:</b> ..... <input type="checkbox"/> am <input type="checkbox"/> pm  |  | <b>Arrival Time:</b> ..... <input type="checkbox"/> am <input type="checkbox"/> pm   |  |
| Will the student be designated as an<br><b>Unaccompanied Minor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Call your airline for details. Fees may apply) |  | Will the student be designated as an<br><b>Unaccompanied Minor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Call your airline for details. Fees may apply.) |  |
| Parent/guardian contact <i>on the day of travel</i> :   |  | Parent/guardian contact on the day of travel:  |  |
| Name: _____   |  | Name: _____  |  |
| Phone #(s): _____   |  | Phone #(s): _____  |  |

Please return this form with payment (see next page) by May 15 to:

**Johns Hopkins University, Center for Talented Youth,  
PO Box 64434, Baltimore, MD 21264**

# Student Services 2012 Shuttle Request Form

Shuttle service is \$60 (one-way or round trip). You must enclose payment when submitting this shuttle request.

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

To pay by check

I have enclosed Check # \_\_\_\_\_ dated \_\_\_\_\_ 2012,

Make check payable to JHU/CTY. Include the child's name and I.D. number on the check. Do not include balances owed for tuition or other fees in this check.

Printed name of person signing check: \_\_\_\_\_

To pay by Credit Card

Charge my  MasterCard  Visa

Name of cardholder: \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Please return this form with payment by May 15 to:

**Johns Hopkins University  
Center for Talented Youth  
PO Box 64434  
Baltimore MD 21264**

# Student Services 2012

## Authorization to Visit/Take Student Off Campus

Please complete this form if any person other than the custodial parent(s) or guardian(s) may visit your child or take your child off campus during the session(s) or on departure day(s).

|   |                     |
|---|---------------------|
| Student's Name  | Student ID:         |
| Site: <b>Lancaster, PA (LAN)</b>  | Session:            |
| <b>Permissions:</b> The following people have my permission to visit and/or take my child off campus:   |                     |
| 1. Name: _____  | Relationship: _____ |
| Address: _____  | Phone 1: _____      |
| _____   | Phone 2: _____      |
| 2. Name: _____  | Relationship: _____ |
| Address: _____  | Phone 1: _____      |
| _____   | Phone 2: _____      |
| 3. Name: _____  | Relationship: _____ |
| Address: _____  | Phone 1: _____      |
| _____   | Phone 2: _____      |
| <b>Custody Issues:</b> Please provide information about any custody issues that may affect your child's stay at the site. Attach copies of any relevant legal documents. In addition, please include the name, phone, fax, and address of your legal counsel. |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
| Signature of parent or guardian _____ Date _____  |                     |



## Checklist: What to Bring

### Clothing

- Casual clothing for classes and activities
- Jacket or sweater
- Bathrobe, pajamas, slippers, shower shoes
- Dressier clothing for farewell social (if desired)
- Swimsuit and towel
- Clothes hangers
- Rain gear
- Athletic shoes (no black soles)
- Science students only: Long pants and closed shoes for laboratories

### School Supplies

- General supplies (paper, notebooks, pens, pencils, highlighters, etc.)
- Dictionary (recommended)
- Scientific calculator (if you already own one; math, computer science, and science students only)
- Backpack or book bag

### Bedding Needs

- Sheets (extra-long single bed size)
- Pillow and pillowcase
- Blanket or comforter

### Laundry supplies

- Detergent
- Quarters for laundry

### Bath Supplies

- Bath towels and washcloths
- Toiletry items in caddy: toothbrush, toothpaste, soap, shampoo, plastic cup, etc.

### Miscellaneous

- Any necessary medications in their original containers
- Copy of medical forms (important!)
- Copy of pharmacy and insurance cards
- Key deposit check (\$100)
- Cell phone or calling card
- Spending money (\$50 to \$75 recommended, not including money for books or key deposit)
- Alarm clock
- Radio (if desired)
- Desk lamp
- Stationery and postage for letters
- Books for pleasure reading
- Musical instruments (if desired)
- Sports equipment, if desired (frisbee, etc.)
- Roll-on insect repellent (recommended)
- Sunscreen (also consider a long-sleeved shirt, a hat, and sunglasses)
- Science students who wear contact lenses only: eyeglasses to wear in the laboratories

## Checklist: What Not to Bring

### Prohibited Items Include

- Weapons of any kind (including pocket knives and martial arts devices);
- Any flame-producing device (including matches, lighters, and firecrackers);
- High energy drinks, such as Red Bull, Monster, and Amp;
- Role-playing game books or other items associated with role-playing games;
- Trading cards;
- Pets of any kind;
- Televisions, computer/video games, or DVDs;
- Bicycles, skateboards, scooters, roller blades, skates, or shoes with wheels;
- Water guns;
- Halogen lamps, refrigerators, or cooking devices;
- Staff lanyards from current or previous summers.

## **The Center for Talented Youth Honor Code**

CTY's summer programs provide a unique opportunity for intellectually curious people from diverse backgrounds to come together in pursuit of academic challenge and growth, within a supportive community built on respect, responsibility, and trust. In order to create and sustain such a community:

I promise to uphold academic and personal integrity, to respect the ideas and property of others, and to ensure that those around me do the same; and

I promise to follow the Expectations for Student Conduct:

- Strive to do the best academic work possible.
- Respect individuals of different races, cultures, religions, genders, sexual orientations, ages, disabilities, and national origins.
- Behave in a friendly, cooperative, safe, and responsible manner toward all persons in the CTY community and in the larger campus and local communities.
- Attend all class sessions, meals, activities, and meetings.
- Take responsibility for my own work and actions.
- Cooperate with adult supervision.
- Observe rules for physical safety and all other rules for student conduct.

I understand that my actions will shape our site community, and that my membership in the community depends on my honoring this code.