

## Student Site Information 2012 CTY Day Program at Los Angeles, CA The Windward School

Welcome to the 2012 CTY summer program at Windward! 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.

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## Checklist of Things to Do

✓ Item	Date Due	Send To/Correspond With:
<input type="checkbox"/> Pay tuition balances (payments are not accepted at the sites).	Refer to Invoice	Mail to: Johns Hopkins University Center for Talented Youth PO Box 64710 Baltimore, MD 21264-4710 <b>or</b> Click on the MyCTY link at <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"/> Submit Medical Information Form and a copy of your Medical Insurance card (front and back) and a prescription card (if you have one). <b>See page 19.</b>	Due 15 business days after receipt of this packet	Click on the MyCTY link at <a href="http://cty.jhu.edu">http://cty.jhu.edu</a> and select Student Participations <b>or</b> CTY Registration McAuley Hall 5801 Smith Ave., Suite 400 Baltimore, MD 21209 Fax: 866-548-8022 Email: <a href="mailto:ctyregsumm@jhu.edu">ctyregsumm@jhu.edu</a>
<input type="checkbox"/> Submit Physician's and Parents' Consent Form. <b>See page 21.</b>	ASAP No later than May 15	
<input type="checkbox"/> If your child has a learning, physical, or medical disability, call summer programs staff.	ASAP Contact no later than May 15	Call 410-735-6215 or email <a href="mailto:cty-disabilities@jhu.edu">cty-disabilities@jhu.edu</a>
<input type="checkbox"/> If your child has food allergies or special dietary requirements call the program manager.	ASAP Contact no later than May 15	Contact Raquel Rivera 310-754-4112 <a href="mailto:rriver10@jhu.edu">rriver10@jhu.edu</a>
<input type="checkbox"/> Submit Before- and After-Care Form (if needed). <b>See page 27.</b>	No later than May 23	CTY Registration CTY/JHU, PO Box 64434, Baltimore, MD 21264
<input type="checkbox"/> Duplicate copies of Medical Information Form and Physician's and Parents' Consent Form.  <input type="checkbox"/> Child's prescription medications in original containers with proper labels (if applicable) <b>written in English.</b>  <input type="checkbox"/> Authorization to Pick Up Students Form <b>See page 25.</b>	Registration Day	Bring to the site.

Questions regarding Registration, Financial Aid, or Account Balances should be directed 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.

# Schedule

## Registration Day

Registration will take place in the Dining Pavilion on Sunday, June 24 (for students attending Session 1) and Sunday, July 15 (for students attending Session 2). Additional program information will be provided at that time. The day will be split into three registration periods according to course discipline to make registration more efficient and to better serve families and students.

**Math Students:** Please arrive to register between 12:45 and 1:45 p.m.

**Science Students:** Please arrive to register between 2:00 and 3:15 p.m.

**Humanities and Writing Students:** Please arrive to register between 3:30 and 4:45 p.m.

It is important that you register during the assigned period as this is the only time your student’s instructor will be available to meet with you. After you check in and pick up your student’s information, you may then go to the classroom to meet your student’s instructor and/or you are welcome to tour the campus.

If you are unable to attend registration, please call the CTY Site Office at The Windward School. This number will be available on our website ([www.cty.jhu.edu/summer](http://www.cty.jhu.edu/summer)) or by calling 410-735-6277. You will need to check in by 8:00 a.m. Monday morning at the CTY Site Office to receive your student’s information packet.

## July 4

This year, July 4 (the legal public holiday for Independence Day), falls on a Wednesday. For most government and private sector employees, Wednesday, July 4, is a holiday. This is the case with our host school. This means that none of its staff will be on campus to support our program. In the interest of safety, the site will be closed on Wednesday, July 4.

## Typical Weekday Schedule

7:30 a.m.		Office opens and Before-Care begins
8:45 a.m.		Students arrive
9:00 a.m.	– 12:00 p.m.	Class
12:00 p.m.	– 1:00 p.m.	Lunch and break time
1:00 p.m.	– 2:30 p.m.	Class
2:30 p.m.	– 3:45 p.m.	Activity period
3:45 p.m.	– 4:00 p.m.	Classes reconvene for wrap-up
4:00 p.m.	– 4:15 p.m.	Students depart and After-Care begins
5:30 p.m.		After-Care ends and CTY office closes

## Transportation Logistics

### Address

The Windward School is located at 11350 Palms Boulevard, Los Angeles, CA 90066.

### Student Drop-off and Pick-up

On Registration Day, you will receive specific information for dropping off and picking up your child each day. Morning drop-off usually moves quickly (cars drive up, doors are opened, and students step out). However, in the afternoon, several hundred students are picked up at the same time. This takes longer because students must be matched with drivers. (We can't put the first child in line into the first vehicle, the second child into the second vehicle, etc.) It is very important that drivers know the site procedures to ensure that all students are picked up safely. Please be prepared for delays at pick-up, especially during the first week of the program. Generally once a routine is established pick-up moves quickly, but is always slower than drop-off.

Morning drop-off begins at 8:45 a.m. Students dropped off earlier must go to Before-Care and will be billed for the service as noted below. Students not picked up by 4:15 p.m. will be taken to After-Care and will be billed for the services as noted below.

At the beginning of June, you will be sent a list of other families attending the Windward site, with their zip codes and telephone numbers. Using this list, you are welcome to make your own arrangements to carpool with other families. Please be sure to include all carpool drivers on the Authorization to Pick Up Student Form in the back of this packet.

### Carpooling

All individuals who may pick up a student from the program (including parents and guardians) must be listed on the Authorization to Pick Up Form found at the back of this packet. On Registration Day, families will receive a car dashboard placard to place in their vehicle. These placards will need to be placed in the dashboard of any car that is picking up a student in order to indicate that the driver is authorized to pick up that particular student. If an individual picking up

a child does not have the placard, he or she must present photo identification for comparison to the form. Only then can CTY release the student.

## Meals

### Lunch

Lunch is provided for students every day of the program, at no extra charge, and is served in the cafeteria. Students on field trips will be provided with bag lunches. Students with special food requirements and students who prefer not to eat the cafeteria lunch may bring lunch from home. There is no reimbursement, however, for students who choose to bring their lunches. Program assistants and instructors are responsible for the supervision of students during the lunch break.

**Vegetarian Meals:** Meatless entrees are available on the regular menu. The meatless entrees may contain animal products (milk, cheese, eggs). Students who prefer not to eat animal products may choose from items on the regular menu and/or may bring a lunch. Special, no-animal-product menu plans are not available.

**Specific Food Allergies:** Please provide details on the enclosed Medical Information Form. Most students with food allergies manage by selecting from the items available on the regular menu.

**Kosher Meal Requests:** Commercially prepared, frozen entrees are available for students keeping kosher. The cost is an additional \$45 per session. Please call your site program manager, Carlos Rodriguez, at 410-735-6194 to make arrangements.

**Halal meals** are not available at this site. Please contact the program manager, Raquel Rivera, at 310-754-4112 or rriver10@jhu.edu to discuss an alternative arrangement.

**Snacks:** Students may bring a non-perishable snack and drink for morning and afternoon breaks. Students in After-Care are given a snack and drink each day; neither is provided during Before-Care. For the safety of those with life-threatening allergies, we ask that snacks with nuts or nut products be avoided.

## Before- and After-Care

We have updated our policies to streamline and clarify the billing process. Unlike previous years, parents who utilize Before-Care and After-Care services will be charged a one-time, flat rate for each session. This fee is \$100 and includes both services. Students using Before-Care may arrive as early as 7:30 a.m. until 8:45 a.m. Students being picked up later than 4:15 p.m. will attend After-Care, which operates until 5:30 p.m. Students picked up after 5:30 p.m. will be charged \$1.00 per minute extra. After-Care fees include a snack. To ensure a safe hand-off of students, children must be signed in and out each day by their parents/guardians. Families can register for the service in advance using the form found on page 27, or will be billed after the summer if they used the service but did not pre-register.

**Please note:** Families will be billed respectively for utilizing these services, regardless if they intended for their child to be in the program. This includes situations in which a child must attend Before- or After-Care due to parents/guardians' unexpected schedule changes or conflicts. In the event of a single extenuating circumstance which precludes parents from dropping off or picking up students during normal times, parents may appeal to the program manager for a one-time exemption.

## Contacting Your Child

### Contacting the Site

The number for the CTY office at the school will be available on Registration Day. The telephone is normally attended from 8:00 a.m. to 5:00 p.m. daily, beginning on Tuesday, June 19. The site director may also be reached at this number. Telephones are available in the CTY office for making and receiving official business and emergency calls.

### Cell Phones

Students may not use cell phones at any time during the program day (9:00 a.m.–4:00 p.m.). Cell phones must remain off during those hours. If used, cell phones will be confiscated and returned just before students go home for the evening. Families who need to reach students during the program day should contact the site office. For the purposes of this policy, cell phones include all mobile communication devices; use includes sending and

receiving text messages and email and accessing the Internet. CTY assumes no responsibility for the loss or damage of cell phones, or for the misuse of cell phones, including exceeding plan limits or use by unauthorized persons.

### Internet Access Policy

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.

### Visitation Policy

For security reasons, site administrators must be aware of any visitors on campus, including parents; we also must know in advance of any plans to take students off campus before the end of the program day. All visitors must sign in and out at the CTY site office on campus and show identification.

### Custody Issues

Please indicate any issues you believe we should be made aware of on the Authorization to Pick Up Student form, and attach copies of pertinent legal documentation.

## Homework/Computers

Students should plan for a maximum of 60 minutes of homework Sunday through Thursday evenings. Homework in many of the classes consists of reading, problem sets, and short exercises. Students enrolled in some courses may be required to go to a local library as part of their homework.

We strongly discourage students from bringing computers and other electronic devices to the site, except in such cases where CTY's disabilities committee recommends use of a device as an accommodation for an appropriately documented disability. Under no circumstances may students use computers and other electronic devices for games or other recreational purposes. Devices used in violation of the policy may be confiscated and students may be subject to discipline.

Instructors are accustomed to reading handwritten work and do not require or expect typewritten essays. If you are concerned about expectations regarding handwriting, please contact your site's program manager to discuss arrangements that may

be made to assist your child; contact information is on the first page of the packet. If you are requesting accommodations for a disability, you must contact CTY's disabilities committee at 410-735-6215 or [cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu).

CTY assumes no responsibility for lost, stolen, or damaged personal belongings, or for their misuse, including use by unauthorized persons. Families should determine whether their homeowner's or renter's insurance covers items brought to the site and consider purchasing insurance if it does not.

## Expenses

### Textbooks/Bookstore

Fees for textbooks are not included in the tuition. Students will be able to purchase textbooks during Registration Day at the Windward site. The cost of books per course averages \$75, but can be as high as \$250. Titles of required textbooks will be available on Registration Day. 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 bookseller; in these cases, CTY will purchase those materials and students will be billed through the CTY Student Accounts office. You will be notified of these expenses on Registration Day at the site.

The LMU Bookstore will bring books and a limited quantity of basic school supplies to the Windward site for purchase. They will be set up in a room near Registration from 12:30 to 5:30 p.m. on Registration Day. There will only be enough textbooks available for the students enrolled in each class, so please do not request to buy texts from courses other than the one for which you are registered. Check and credit cards (Visa, Master Card, and Discover) will be accepted, but not cash.

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 on Registration Day. If you have these items at home, there is no need to purchase new ones at your favorite retail store.

### Spending Money

There is no need for students to bring spending money to the site. However, for courses with field trips, students may have the opportunity to stop at a

gift shop or snack bar; you may provide your child with \$5 in spending money on field trip days.

## Personal Belongings

### 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. Students in science classes may need to wear long pants and closed shoes in the laboratories and on field trips. Black-soled shoes are not permitted in the gymnasium.

### Lost and 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 The Windward School 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 The Windward School can be responsible for items left behind at the end of the session.

## Information for 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:  
[http://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 in certain cases to obtain a visa.

## Travel Information

Windward is located at 11350 Palms Blvd., Los Angeles, CA 90066 (see attached map). Staff will be available to point out parking areas and direct you to the registration area.

### Directions to Windward School

#### From the San Diego Freeway (405):

If you are headed **North** on the San Diego Freeway, exit at Venice/Washington. At the bottom of the off ramp, turn left onto Sepulveda Blvd. You will be headed north on Sepulveda. Drive two stoplights (approximately ½ mile) to Palms Blvd. and turn left. The school is two blocks west on the left side of the street. Pass the school and enter the Windward parking lot through the second driveway on your left.

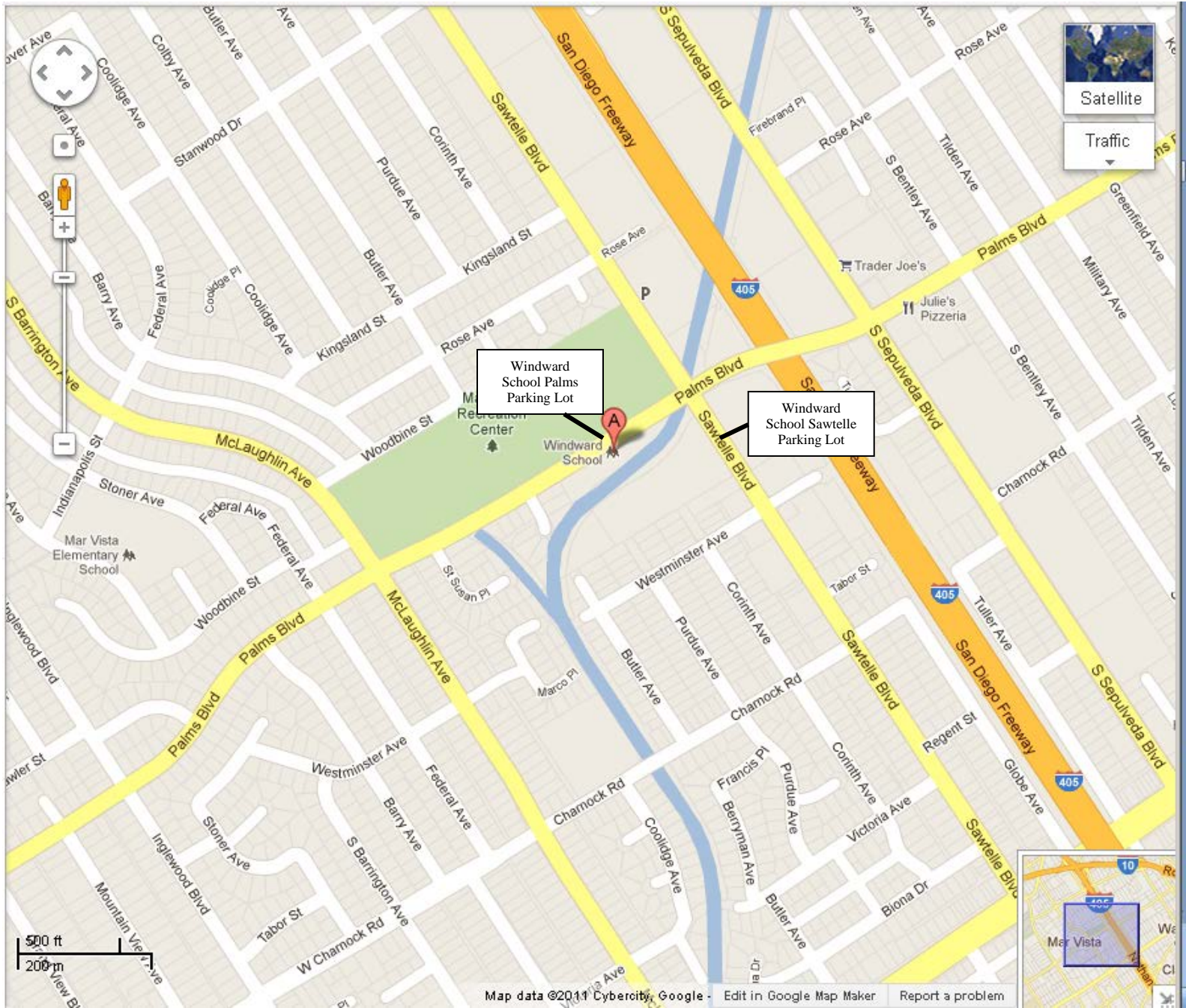
If you are headed **South** on the San Diego Freeway, exit at Olympic & Pico. At the bottom of the off ramp, turn left onto Sawtelle Blvd. You will be headed south on Sawtelle. Drive three stoplights (approximately 1 mile) to Palms Blvd. and turn right. The school is located immediately on the left. Pass the school and enter the Windward parking lot through the second driveway on your left.

### Hotel Accommodations

We regret that we cannot provide or refer housing for families coming to stay in the Los Angeles area for the summer program. However, below you will find some recommendations on where to start your search for extended stay hotels or short-term rentals.

The Windward site is located in West Los Angeles. Neighborhoods reasonably close to this site include Culver City, Venice, and Marina del Rey. Housing and hotels that are further inland such as Culver City are generally less expensive than those on or near the beach (Venice and Marina del Rey.) The Windward School is located approximately 10 miles from the Los Angeles Airport (LAX) where there are hotels that offer extended-stay discounts.

The Los Angeles Convention & Visitors' Bureau, at 1-800-228-2452 or <http://www.discoverlosangeles.com/visitors/accommodations>, may be able to help you with other hotels. For hotels in the area, you may want to look at [www.hotels.com](http://www.hotels.com). If you are interested in a vacation rental, [www.vrbo.com](http://www.vrbo.com) has listings for vacation rentals by owner. You may also want to search the LA paper for short-term rentals or sublets: <http://www.latimes.com/classified/realestate/rentals/>  
CTY provides this information as a convenience and makes no representation as to the hotels and motels listed or to those which you may be referred.



## 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 [www.cty.jhu.edu](http://www.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](mailto: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 [www.cty.jhu.edu](http://www.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](mailto: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](http://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 March 3. 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 [www.cty.jhu.edu](http://www.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 federal income tax forms, you should receive notification of your student's financial aid eligibility within 30 days of your course assignment. If we have not received your federal income tax forms yet, you will be notified of your student's 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.

*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.*

# 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, respecting 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, 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
- stealing or vandalizing property
- keeping prescription or over-the-counter medication in their possession (some limited exceptions found on page 14 of this packet)
- possessing or using tobacco, alcohol, or drugs
- bullying or hazing
- 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)
- role-playing game books or other items associated with role-playing games
- trading cards
- pets of any kind
- products that damage surface finishes
- televisions, computer/video games, or DVDs
- bicycles, skateboards, roller blades, skates, scooters, or shoes with wheels
- water guns
- halogen lamps
- laser pointers.

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 19. **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 16. 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 registration 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

CTY administrative staff members are responsible for distributing prescription medication that must be taken during the program day and for providing first aid. 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. If a student complains of illness or serious injury, the parents or guardians will be called to pick up the child and seek care from their own providers. In the case of an emergency, staff will call an ambulance, and parents/guardians will be contacted immediately.

The parent or guardian who signs the Medical Information Form is responsible for the cost of medical care students may receive during or arising out of their program participation. CTY does not provide medical insurance of any kind for students. If you are not from the local area, contact your health insurance company to determine your coverage for care your child may receive while away from home.

### 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.

## 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 and 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 (see page 20). 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:

<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:

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

# Student Services 2012

## Medical Forms: Completion Guide/Check List

<b>*Medical Information Form</b> (requires parent or guardian signature)	due <b>15 business days</b> after receipt of this packet
<i>Copy of Medical Insurance Card</i> <i>Copy of Prescription Card</i> (if you have one) (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> (requires parent /guardian AND a current physician's signature)	due no later than <b>May 15</b>
(if applicable) <b>CTY Allergy Action Plan</b> (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 (**preferred**)  
**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 registration 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 – WIN

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](mailto: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 – WIN

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-WIN

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: ___/___/___ <small>(2<sup>nd</sup> dose if 1<sup>st</sup> dose at 13 years of age or older).</small>	<i>A varicella titer or other documentation of immunity from a physician is acceptable.</i>		
<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: ___/___/___ <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: ___/___/___ <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> ) ___/___/___				
<b>Last Tetanus Booster</b> ___/___/___				
<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- WIN

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 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 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 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 <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 <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 <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- WIN**

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- WIN**

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

## Authorization to Pick Up Student

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>Windward (WIN)</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 _____	

**You must bring this form with you on Registration Day.**



## Student Services 2012 Before and After-Care - WIN

Student's Name:	Student ID Number:
Site: <b>Windward - WIN</b>	Session:
Student will use Before- and After-Care during the session -- \$100	
Comments:	

Students using Before-Care may arrive as early as 7:30 a.m. Students being picked up later than 4:15 p.m. will attend After-Care, which operates until 5:30 p.m. Students picked up after 5:30 p.m. will be charged \$1.00 per minute extra. After-care fees include a snack. To ensure a safe hand-off of students, children must be signed in and out each day by their parents or guardians.

Please return this form with payment (see back) by May 23 to:  
**Johns Hopkins University, Center for Talented Youth,**  
**PO Box 64434, Baltimore, MD 21264**

### Payment Information for Before and After-Care

Before- and After-Care payment is \$100. You must enclose payment when submitting this request.

Student's name: \_\_\_\_\_

Student's ID number: \_\_\_\_\_

To pay by check

- I have enclosed Check # \_\_\_\_\_ dated \_\_\_\_\_ 2012, made payable to JHU/CTY.  
 Please include child's name and I.D. number on the check. Do not include balances owed for tuition or other fees in this check.

**Name of person signing check: (please print)** \_\_\_\_\_

To pay by Credit Card

- Charge my     MasterCard     Visa

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

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

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Amount (from front) \$ \_\_\_\_\_

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



## CTY Checklist: What to Bring/What Not to Bring

- 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
- Any necessary medications in their original containers
- Copy of medical forms (very important)
- Authorization to Pick Up Student form
- A non-perishable snack and drink for morning and afternoon breaks
- Water bottle with student's name

Students in science courses may need to wear long pants and closed shoes for the labs and field trips. Students who wear contacts should also bring eyeglasses to wear in the labs.

### Prohibited Items

Weapons of any kind (including pocket knives and martial arts devices); any flame-producing device (including matches, lighters, and firecrackers); role-playing game books or other items associated with role-playing games; trading cards; pets of any kind; products that damage surface finishes; televisions, computer/video games, or DVDs; bicycles, skateboards, scooters, roller blades, skates, or shoes with wheels; water guns; halogen lamps, laser pointers.

## **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, respecting 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.