

AGS Parent-Student Signatures Assurance Form

(To be completed and signed by parent/guardian and student)

Signing this form indicates that students fully understand their responsibilities while attending the 2018 Arkansas Governor's School. Signatures of both the student and the parents/guardians are required. **This form must be printed out, completed, signed, and returned to AGS along with one copy (front and back) of the student's insurance card by Monday, April 16, 2018.**

Delivery Options:

- 1) Scan and upload one (1) PDF file to your online registration form (link provided in your acceptance email)
- 2) Scan and email one (1) PDF file to ags@hendrix.edu
- 3) Mail to AGS, 1600 Washington Ave., Conway, AR 72032
- 4) Fax to 501-450-4579

Student Name (print): _____

Medical Treatment Statement

IMPORTANT: Please send one copy of the student's medical insurance card (the copies should show both front and back of the card). The student's name must be on each copy.

1. In the event the student named above suffers a minor illness or injury, I grant permission for treatment to be given by medical personnel designated by the Director of AGS.

yes no

2. In the event of a medical emergency, if I cannot be contacted immediately, I grant permission for the Director to seek emergency treatment for the student named above and to sign all consent forms required for that treatment.

yes no

3. I understand that I am responsible for all costs having to do with accidents or illness and which are not covered by my insurance.

yes no

4. I authorize and consent to the rendering of medical care including laboratory procedures and medical treatments by authorized members of the Hendrix Student Health Services, or their designees, as may in their professional judgment be necessary for the above named student.

yes no

Parent/Guardian Signature: _____

Date: _____

Agreement and Responsibility Statement

Print Student Name: _____

1. We have read and wholeheartedly agree to abide by the rules and regulations stated in the General Information: <https://www.hendrix.edu/ags/generalinformation/> of the Arkansas Governor's School, including the Leave of Absence Policy.

yes no

2. **We understand that if students are dismissed from AGS for violating rules, policies, or instructions, they must be picked up from campus immediately, no matter the time of day or night.**

yes no

3. We both accept responsibility for any damages caused by the above named student to the property of Governor's School or Hendrix College. We understand that furniture is not to be moved or altered in any way.

yes no

4. We confirm that the student has no legal, disciplinary, or behavioral problems or conditions which will make it difficult for him/her or other students to participate fully in the Arkansas Governor's School. We understand that AGS is not equipped to deal with students who have significant psychological or emotional problems or conditions.

yes no

5. We will allow photos and videos of the student to be used by AGS for educational and promotional purposes. (Note: No personal details such as last name or address will be included when publishing. All photos and videos are securely held by AGS and will not be sold or distributed.)

yes no

6. I grant permission for the above named student to swim and participate in other physical activities, provided that authorized personnel supervise such activities.

yes no

7. I grant permission for the above named student to participate in any field trips authorized by the Director of AGS.

yes no

Parent/Guardian Signature: _____

Date: _____

List of Approved Persons Allowed to Check Student Out of AGS

Print Student Name: _____

Print Legal Name of Parent/Legal Guardian #1: _____

Allowed to Check Out Student: Yes No (A box must be checked)

Allowed to Add Names Below: Yes No (A box must be checked)

Print Legal Name of Parent/Legal Guardian #2: _____

Allowed to Check Out Student: Yes No (A box must be checked)

Allowed to Add Names Below: Yes No (A box must be checked)

Students are allowed to be checked out of AGS on Sundays, between the hours of 9:00 a.m. and 6:00 p.m., with the following persons ONLY (No exceptions will be made):

1. A parent(s)/legal guardian(s) listed above with authorization to check out the student
2. A person(s) over 18 years of age designated by the parent(s)/legal guardian(s) (listed below)

Please list legal names below of any person(s) approved to check this student out of AGS. Any person checking out a student must provide proper photo identification to the residential life staff. Do NOT use nicknames. Names on this form must match the person(s)' photo identification.

Additional names may be added after the session begins. If you wish to grant permission for someone not on the list to check out your student on a given Sunday, that name must be added by the previous Thursday before 4:00 p.m. Proper identification of the custodial parent(s) or legal guardian(s) must be provided in order to add names. For example, a parent may show a driver's license if the request is made in person or a parent may scan/email his or her driver's license if the request is made from off-campus to ags@hendrix.edu or fax to 501-450-4579.

Student Signature: _____

Date: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____