



THOMAS AQUINAS COLLEGE

2019 Summer Great Books Program for High School Students — New England

Registration

Name _____ birthdate _____

Address _____ city, state, zip _____

Home phone _____ mobile _____ email _____

Father's name *Title (Dr., Mr., etc.)* _____ home phone _____ mobile _____

Father's address: same as above _____

city, state, zip _____ email _____

Mother's name *Title (Dr., Mrs., etc.)* _____ home phone _____ mobile _____

Mother's address: same as above _____

city, state, zip _____ email _____

To whom should the College send tuition bills? father mother other

If other, please give name and mailing address _____

Travel Arrangements*

I will be **arriving** via car air** (Flights must arrive at Boston Int'l Airport between 8 a.m. and 3 p.m. on Sun., July 28.)

Airline _____ Flight # _____ Arrival Date _____ Arrival Time _____ am/pm

I will be **departing** via car air** (Flights must depart from Boston Int'l Airport between 8 a.m. and 5 p.m. on Sat., August 10.)

Airline _____ Flight # _____ Departure Date _____ Departure Time _____ am/pm

* If your travel arrangements are not yet made, please send this form now, and notify the Admissions Office of your itinerary as soon as possible. Students who are flying standby must arrange their own transportation to the College. Please contact the Admissions Office for further information.

** Please send itinerary to admissions@thomasaquinas.edu as soon as it is available.

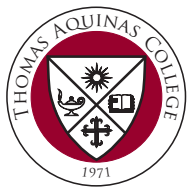
Media Use

It is the policy of Thomas Aquinas College that its staff, faculty, representatives, and/or any media personnel authorized by faculty of the College may make digital, photographic, video and/or film images and records of students, faculty and staff during their time on campus and during their attendance at Thomas Aquinas College events. These images may be used for College-authorized media outlets, promotional purposes (College publications, news releases/stories, etc.) and on the College website.

I have read and understand the above policy, and I consent to the College's use of any image or record of me/my child for these purposes.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____



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Name of student: _____

Name of current doctor: _____ telephone: _____

Your parents will be notified in case of an emergency.

Secondary emergency contact _____ home _____ mobile _____

Please send the following with your registration forms: Immunization records Copy of both sides of your health insurance card

Health Insurance Information

Name of insurance company _____ policy number: _____

Policy owner's signature _____ date: _____

Health History

Have you ever had:

Yes No

- Asthma
- Breathing problems
- Cancer
- Chronic medical condition(s)
- Concussion
- Chronic cough
- Diabetes
- Emotional problems
- Unexplained fever or night sweats
- Heart disease
- Intestinal problems

Yes No

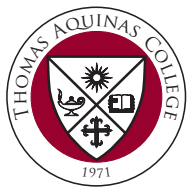
- Involuntary weight loss
- Joint problems, including fractures/instability
- Medical allergies
- Migraines
- Over-the-counter medication(s) (note current below)
- Prescription medication(s) (note current below)
- Reactions to stings/bites
- Seizure disorders
- Skin disorders
- Surgeries
- Vision or hearing problems

If you answered yes to any of the above, please give details, including approximate date of most recent occurrence.

If you are currently taking any prescription or over-the-counter medications, please give details (attach additional sheet if necessary).

Please note any chronic medical conditions not noted above.

Please list any food allergies you have; the College can accommodate some more restrictive diets (e.g. a gluten-free diet) but requests a doctor's note in these cases. To receive a copy of the College's meal preparation policy & guidelines, please contact the Admissions Office.



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Name of student: _____

Name of parent/guardian: _____

AUTHORIZATION FOR THOMAS AQUINAS COLLEGE TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

The above Parent/Guardian of the above Minor hereby authorizes Thomas Aquinas College and its agents to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care for the above-named Minor which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of such physician or at any hospital.

This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the agents of Thomas Aquinas College to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of the physician's best judgment, deem advisable. This authorization is given pursuant to applicable Massachusetts law.

The above Parent/Guardian also hereby authorizes any hospital which has provided treatment to the above Minor under applicable Massachusetts law to surrender physical custody of such Minor to the agents of Thomas Aquinas College upon the completion of treatment. The authorizations shall remain in effect until August 31, 2019, unless sooner revoked in writing and delivered to Thomas Aquinas College.

The above Parent/Guardian of the above Minor hereby authorizes Thomas Aquinas College and its agents to provide over-the-counter medication (e.g. Neosporin, Tylenol, Ibuprofen, Benadryl, Antacids, Nyquil) except as noted below at the request of the student and/or at the discretion of the agent, after determining there are no known medical allergies.

Notes: _____

Parent/Guardian Signature _____ Date _____