



Summit Campus Resident Contract 2021-2022

Resident Full Name: _____
(printed)

I hereby grant the Summit Campus program and its agents full permission to take whatever action they deem necessary under the circumstances concerning my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection therein.

Resident Pledge

Behavior and Responsibility

I understand that the Summit Campus residents are expected to demonstrate mutual respect for one another and for other members of the residence community. Personal or sexual harassment, or behavior which does not respect the rights of others, will not be tolerated. As a member of the residence community, I agree to respect other people and their property at all times.

I agree to comply fully with the rules and regulations implemented by the Summit Campus and its constituents. I understand that if I jeopardize the health and safety of myself or others, or if my behavior interferes with other students' right to live and learn, Summit Campus has the right to terminate my participation in the Summit Campus programs with no refund of monies paid. I also understand that violent behavior may result in automatic dismissal.

Participation

I understand that the Summit Campus residents are expected to be present, engage and participate in a variety of daily activities and programming. I agree to comply fully with these rules and regulations implemented by the Summit Campus and its constituents.

Disclosure of Disciplinary or Criminal Activity

I understand that by signing this form I am acknowledging that I have been forthcoming and truthful about any disciplinary or criminal activity that I have been involved in. I understand that by not disclosing this pertinent information, the Summit Campus has the right to terminate my residence and access to Summit Campus programs and services.

Publicity - Check off ONE box

I understand that from time to time the Summit Campus publicity and newsletters may include statements made by its residents and/or their photographs or videotaped shots.

I consent to such use of my comments, photographs and videotaped materials for the Summit Campus marketing and promotional social media.

I do not consent to such use of my comments, photographs and videotaped materials and do not consent the use of my photo for any of the Summit Campus promotional material and media.

All references to the Summit Campus and "its agents" shall include its administrators, directors, staff members, chaperones, group leaders, employees, advisors and agents.

Resident's Signature

Date

Parent/Guardian Signature

Date

** Required only if student has a legal, court-appointed guardian and must submit legal documentation.



**SUMMIT
CAMPUS**

Opening Doors to An Independent Future

**Summit Campus
Authorization for Release of Medical
Emergency Information 2021-2022**

Resident Full Name: _____
(printed)

I understand that the Summit Campus requires certain medical and individual learning style information in order to provide services and develop my tailored plan of care educational program. All information that the Summit Campus receives will be used for purposes connected with my plan of care and independent living skills, and shall be confidential.

I authorize the release of information to the Summit Campus for purposes of educational instruction and employment. I also authorize the Summit Campus to release information to individuals, agencies, hospitals, institutions and facilities listed below for purposes of educational planning, vocational instruction and employment.

I understand that I may withdraw this authorization for any one of these resources at any time by giving a written notice to the Summit Campus.

Approved Sources: **Check ALL THAT APPLY**. You will be consulted before any information is released.

- Department of Mental Health
- Department of Public Health
- Division of Employment Security
- Rehabilitation, Human Services, and Employment Agencies
- Public and Private Hospitals
- Public and Private Schools and Colleges
- Public and Private Mental Health Centers
- Drug and Alcohol Clinics
- Department of Children and Families
- Department of Developmental Services
- Massachusetts Rehabilitation Commission
- Veterans Administration
- Independent Living Centers
- Psychiatrists, Psychologists, Physicians and other Healthcare Professionals
- Employers
- Commission for the Deaf and Hard of Hearing
- Commission for the Blind
- Statewide Head Injury Program
- Other _____

Exceptions or Additions to the proposed list: _____

Resident's Signature

Date

Parent/Guardian Signature

Date

** Required only if student has a legal, court-appointed guardian and must submit legal documentation.



**Summit Campus
Authorization to Test for COVID-19 Form
2021-2022**

To be completed by Parent/Guardian

Resident Name: _____ DOB: ___/___/___ Gender: M F

Address: _____ Phone: (____) _____

Please check ONE of the following options.

- I **give** permission for the Summit Campus to collect a sample from my child and have it tested for COVID-19.
- I **do not give** permission for the Summit Campus to collect a sample from my child and have it tested for COVID-19.

I understand that the Summit Campus will notify me if my child is suspected of having COVID-19 prior to getting tested. I understand that the Summit Campus will notify me of a negative test via an email; if my child's test is positive for COVID-19 I will be notified by phone call.

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: (____) _____

Signature: _____ Date: _____

**** Please make sure to submit a photocopy of your child's
COVID-19 Vaccination Card along with this form. ****



**SUMMIT
CAMPUS**

Opening Doors to An Independent Future

**Summit Campus
Vaccination Compliance Form
2021-2022**

In order to be eligible for residency at the Summit Campus, your child must be vaccinated against BOTH COVID-19 and Seasonal Influenza.

By signing this form, you are agreeing to two terms:

1. To have your child vaccinated against COVID-19 **prior to their arrival** at the Summit Campus.
2. To have your child vaccinated against Seasonal Influenza prior to their **return** to the Summit Campus **after Thanksgiving Break**.

Parent/Guardian Name: _____

Phone: (____) _____

Signature: _____

Date: _____

** Please visit the CDC's influenza website at <http://www.cdc.gov/flu> and also <http://www.cdc.gov/flu/parents> for more information pertinent to parents and guardians. Your child's health care provider can also answer your questions about the influenza virus and will be able to give your child the seasonal influenza vaccine.