

FOR ADMISSIONS OFFICE USE ONLY:

RCVD ____ / ____ / ____ ENT ____ / ____ / ____



NATIONAL HISPANIC INSTITUTE

2019-2020

FOR ADMISSIONS OFFICE USE ONLY:

PROGRAM: _____

NHI Medical Authorization Form, Parent Release & Financial Policy Signatures

(PLEASE PRINT CLEARLY OR TYPE)

STUDENT INFORMATION

_____ First Name	_____ Middle Name	_____ Last Name	_____ DOB:mo/day/yr
_____ Home Address	_____ City	_____ ST	_____ Country
			_____ ZIP

PARENT/GUARDIAN 1 INFORMATION

_____ Full Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Home Address	_____ City	_____ ST	_____ Country
			_____ ZIP

PARENT/GUARDIAN 2 INFORMATION

_____ Full Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Home Address	_____ City	_____ ST	_____ Country
			_____ ZIP

ALTERNATE EMERGENCY CONTACT INFORMATION

_____ Full Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Full Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone

MEDICAL/MENTAL/HEALTH/SOCIALIZATION CONDITIONS (List any conditions or concerns that you feel is important for us to know. This may include physical conditions, mental health conditions such as anxiety or depression, conduct, concerns about being on or off particular medications, concerns about student fitting in with peer groups, etc.)

CURRENT MEDICATIONS (List all medications currently being taken by the student.)***

MEDICATION AND FOOD ALLERGIES/DIETARY NEEDS (List any food/medication allergies as well as any dietary needs.)

PHYSICIAN INFORMATION

_____ Physician Name	_____ Clinic Name	_____ Phone	_____ Fax
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LOG IN to student's account at www.nationalhispanicinstitute.org. Under "Summer Program Summary," upload this document under: "APPLICATION STEP 2 – SUBMIT DOCUMENTS"

INSURANCE INFORMATION (IF AVAILABLE)

Insurance Company	Phone Number	Group Number	Policy Number
Policy Holder's Name	Relationship	Home Phone	Cell Phone

Acknowledgement of Medical Policy

I certify that the above information is true and correct.

I certify that I have fully disclosed any medical, physical, mental, or emotional conditions of my child that may affect his/her ability to participate fully in the program.

I understand that participation in the National Hispanic Institute program may include participation in routine physical exercise. I grant my permission for my child to participate in routine recreational or exercise activities that are part of the National Hispanic Institute programs.

I understand that it is my responsibility to inform the National Hispanic Institute of any changes to my child's medical condition or medication in writing at least 90 days prior to the start of the program.

In the event that my child becomes sick or injured during the program, I authorize the National Hispanic Institute to seek appropriate medical treatment and/or hospitalization as ordered or recommended by a qualified physician. This may include, but is not limited to the administration of an anesthetic, laboratory procedures, medical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and or clinics to release necessary medical information to our local doctors for use in claims for insurance coverage.

I accept responsibility for the cost of such treatment and agree to cooperate with the National Hispanic Institute, its employees or officers, its insurance carriers or other related entities to ensure payment for the cost of treatment.

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the program from the time of his/her departure from home until his/her return.

Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
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Acknowledgment of Financial Policy

I certify that I have received and read NHI's **2019-2020 Parent Release & Financial Policy Agreement** and agree to the terms of the policy. This also includes *Celebración 2020*, should my child be eligible to attend. **Furthermore:**

- a. I understand that the program registration fee is refundable (less the \$20 application fee and \$150 deposit) on a pro-rated basis (see below), provided my request is received to admissions@nhimail.com by the last day of each month. **(initial)**

Month	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Tuition Refundable	90%	80%	70%	60%	50%	\$0	\$0	\$0	\$0	\$0	\$0

- b. I understand that all qualified refunds may be issued through August 31, 2020. **(initial)**
- c. I understand that if I pay for a 2020 program and withdraw, my payments are not transferrable to NHI in 2021. **(initial)**
- d. I understand that the \$150 security deposit will hold my spot until my tuition due date. I also understand that to hold my spot beyond my assigned tuition deadline, I must set up a payment plan with NHI or in my online account. **(initial)**

Authorizing Signatures I, as the authorized parent/guardian, certify that the information contained in **2019-2020 Medical Authorization Form, Parent Release & Financial Policy and Signatures** is true and correct. I understand and agree to the stipulations of the student's financial payments and participation in the program as stated in this release. I understand this is a fully supervised program of the National Hispanic Institute and that the program tuition DOES NOT include transportation to and from the program site, the local airport/bus/train station transportation fee of \$45 and may not include costs of \$15 or for reading materials, unless otherwise stated.

Full Name of Student _____ **Program:** ___ Great Debate ___ LDZ ___ CWS ___ *Celebración*

Name of Parent/Guardian _____ Signature _____ Date _____

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