

Student Code of Conduct

Student & Parent/Guardian Agreement

Name of Student _____

General Information about Student Conduct

Tufts students, including summer students, are expected to be responsible citizens of the Tufts community and of the larger communities of which we are all members. Students are expected to comply with all university policies, Somerville and Medford city ordinances, and Massachusetts and federal laws. The policies of the university are designed to ensure a reasonable environment in which community members can reasonably pursue an education and a social life. Tufts' Code of Conduct addresses the requirements of ethical behavior in and out of the classroom. It also addresses community participation and how our behavior impacts others. Some of the policies that collectively make up our code of conduct require:

- Ethical behavior, including academic integrity and honesty; an understanding and adherence to the requirements of legitimate academic work and responsible use of the university's resources, including information technology resources;
- Respecting others' privacy;
- Respecting the safety of community members by avoiding behavior that harms, endangers, or intimidates others, including the behavior of individuals you bring to the campus as guests;
- Avoiding harassing behavior, including that based on race, gender, religion, sexual orientation, gender identity or expression, age, ability, and ethnic or national origin;
- Respecting the property of the university and of community members, including policies on theft, vandalism, and graffiti;
- Respecting and abiding by all city and state ordinances and state and federal laws and regulations, as well as those that are specific to the university, including those that pertain to the possession and use of alcohol and other drugs;
- Cooperating with university officials;
- Respecting and adhering to the policies of any community in which we participate in any university-related work or recreation, both on and off the campus.

Student Statement

As a student enrolling at Tufts University through Tufts Summer Study, the university's summer precollege program for rising high school juniors and seniors, I understand,

- I am expected to maintain Tufts University's academic and social standards, and to behave in a way that is respectful of the well-being of the entire community;
- I must attend my course(s) regularly and punctually;
- I must not to engage in plagiarism or any other form of academic dishonesty;
- I must use a university computer or network for educational purposes. I will not download games, pornography, or engage in prohibited activity while using a University computer or network. Prohibited activity includes bullying, including the use of computers and/or other digital devices to intimidate, bully, or harass others.
- I must return borrowed library materials (including books, audio CD, video tapes and DVDs, and other items) by the last day of the program.
- I must abide by all applicable federal, state, and local laws;
- The consumption or possession of alcohol or other illegal drugs is grounds for immediate dismissal, as is possession or use of firearms or fireworks;

TURN OVER TO CONTINUE WITH THIS FORM

- Tampering with or misuse of safety equipment (such as fire extinguishers, smoke detectors, exit signs, alarms, etc.) is prohibited, and that violation of university policy and is grounds for immediate dismissal;
- I will be financially responsible to repair or replace university property or property of others should I damage said property, either intentionally or accidentally.

Signature of Student _____ Date _____

Student & Parent/Guardian Agreement

We agree to support and abide by Tufts Summer Study (“Program”) and Tufts University (“University”) policies. We understand that any violation of University policies for student conduct and behavior may result in immediate dismissal from the program, without refund of tuition charged or payments made. We have previously sent or hereby enclose the non-refundable deposit of \$250 to reserve a place in the Program. We understand that the balance of tuition is due by June 29, 2012, and that failure to pay this balance may result in loss of the Student’s place in the Program. We acknowledge that absence from class or non-attendance by the Student does not constitute withdrawal, but that notice in writing is required by the Program for the dismissal of academic and financial obligations. We also understand that, should the Student decide to withdraw from the Program on or after June 29, 2012, the refund schedule is as follows: withdrawal on or before July 5 will receive a 100% refund; withdrawal between July 6 and July 10 will receive an 80% refund; withdrawal between July 11 and July 17 will receive a 50% refund; and on or after July 18, no refund will be given. We understand that the University may add a replacement fee for any and all library materials charged to the Student not returned by the last day of the Program. We agree to pay the replacement fee if the borrowed materials cannot be returned.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____



Tufts Summer Study
 Dowling Hall
 419 Boston Avenue
 Medford, MA 02155
 617-627-2000 phone
 617-627-4691 fax

Commuter Student's Travel Information Statement

Name of Student _____

Verify the means of transportation the above named student will take to travel to Tufts University for the purposes of studying in the Tufts Summer Study program.

- Bus
- Subway
- Automobile

Make and Model _____

Registered to _____

State _____ License Plate # _____

Auto Insurance Company _____

Policy Number & Expiration Date _____

- Will the student drive himself or herself to the Tufts campus? Yes* No
- Will the parent or guardian drive the student to the Tufts campus? Yes No

**If yes, parent or guardian must sign Waiver, below.*

NOTE: Parking an automobile at a campus parking facility will require the purchase of a parking decal, available from the Administrative Services Office at Tufts Public Safety (Dowling Hall, 419 Boston Avenue, Medford, MA 02155). Phone 617-627-3692 or visit <http://publicsafety.tufts.edu/adminsvc> for more information.

Waiver

I grant permission for the above named student to drive herself or himself to campus and have provided the relevant information above. I understand that use of this vehicle on the Tufts campus for any purpose other than transportation to classes is strictly prohibited, as is use of the vehicle to transport any other student anywhere at any time, and that any violation of this policy will result in **immediate dismissal** from the program.

Parent/Guardian Signature _____ Date _____

Relationship to Student _____



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Program Releases

Name of Student _____

Parent/Guardian Consent to Participate in a Tufts Summer Program & Liability Release

I, the parent or guardian of the student named above, grant permission for the student to enroll in the Tufts Summer Study program (the "Program"), and I acknowledge the restrictions for campus use outlined in the paragraphs below.

I understand that I am responsible for the activities of the student, at all times, including (but not limited to) his/her travel to and from a Tufts University campus, participation in academic and extra-curricular programs, and use of any University facility (library, computer lab, athletic facility, etc.). I acknowledge that Tufts Summer Study participants are commuter-only (non-residential) students and are invited by the University to attend classes, study, use campus facilities and participate in extra-curricular program activities, during reasonable campus hours. Tufts Summer Study students are permitted on the university campus ONLY between the hours of 7:00 a.m. and 10:00 p.m. Monday through Thursday, and Friday through Sunday, ONLY during the hours of Tisch Library operations (which can be ascertained from the library's website, <http://www.library.tufts.edu/tisch>).

During the student's participation in the Program, I hereby grant the university, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of his or her health and safety, and I hereby release each of them from any liability, claims, demands or causes of action of any kind or nature whatsoever, arising or resulting from any such decisions, actions, or omissions.

Signature of Parent _____ Date _____

Publicity Release – Photograph, Recording, & Article Release and Consent

For and in consideration of enrollment in the Tufts Summer Study program (the "Program") by the above named student, I/we hereby give consent to Tufts University to copyright, reproduce, publish or otherwise use the name, photograph or likeness of the student and/or any other printed or recorded materials (including, but not limited to, materials recorded in any electronic format) relating to the student's participation in the Program. I/we also give the university the right to copyright, reproduce, and publish in the promotional materials, an article that contains a reference to the student, a quote by the student, and/or a summary of an interview(s) given by the student with a university representative. I/we waive any right to inspect or approve the finished photograph, likeness, or text that may be used by the university or the above described materials. I/we give this consent and waiver of my/our own free will, and without the promise of compensation or other consideration.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____

TURN OVER FOR A SUPPLEMENTAL RELEASE FOR THE HEALTH SCIENCE HONORS PROGRAM

Supplemental Release – Health Science Honors Program

Please note: This portion of the form applies ONLY to students enrolled in Health Science Honors Program.

Tufts Summer Study's **Health Science Honors** program meets on Tufts University campuses located in Medford/Somerville and Boston, Massachusetts. The program will occasionally require travel to the Tufts School of Medicine and the Tufts Medical Center, located in downtown Boston. Additionally, the program may include group or individual visits to other Boston-area hospitals, clinics, labs, and healthcare facilities; depending on programming decisions of the course director and availability of the facilities during the program.

Students in Health Science Honors will participate in an experience-based, medical-related program, which involves discussions of human illness and disease, viewing graphic representations of human illness and disease, exploration of human anatomy and bodily systems, and participation in faculty supervised, voluntary, in-class physical examinations conducted by other students (including, but not limited to, cardiovascular examination with a stethoscope, examination of the eye with an ophthalmoscope, and/or examination of the ear, nose, and throat using an otoscope). Visits to Boston-area healthcare facilities may include voluntary student participation in clinical activities (for example, ultrasound examination). When possible, the course director provides Tufts Summer Study students access to the Human Anatomy Laboratory at the Tufts School of Medicine, which involves the viewing and examination of deceased humans.

I/we have weighed the dangers inherent in pre-medical study, the risks presented to my (the student's) own health and well being, and my (the student's) personal desire to further educational experiences by participating in Health Science Honors program. I/we have concluded that the risks are acceptable and are outweighed by my (the student's) desire to participate in the program.

In consideration of the University permitting the above named student to participate in the Health Science Honors program, I/we hereby waive and release any rights to file a claim, demand or cause of action of any kind or nature whatsoever against the University, its trustees, agents, employees and representatives related to or arising out of the student's participation in the program, and I/we further agree to defend, indemnify and hold harmless the University, its trustees, agents, employees and representatives, from any obligations or liabilities for which the University may become liable as the result of damage, death or injury to the person or property of others while participating in the program, except to the extent caused by the gross negligence or willful misconduct of the University.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____



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Medical Director's Letter

Name of Student _____

April/May/June 2012

Dear Physician:

Your patient plans to enter Tufts University to participate in a summer program. The following immunizations are required for visiting summer students. We request that you review them and insure that your patient is adequately immunized.

Please fill in the immunization form on the reverse side of this letter and return it to the student. The student must send the form to the Tufts Summer Study Office

Immunizations:

- **Measles, Mumps, Rubella:** Immunity to these diseases must be documented by immunization with the live vaccine or by serological (antibody) titers. History of having had the disease will not be acceptable for documentation of immunity. Two injections of measles and mumps vaccine are required, given at least one month apart, with the first given at 12 months of age or after. If the injections were administered before 12 months of age or before 1968, two more injections will be required. The MMR vaccine is recommended.
- **Varicella Vaccine:** Two doses of varicella vaccine, or history of the illness, must be documented. If immunized at age 13 or greater, the two injections must be at least one month apart.

Thank you for your help with this summer student at Tufts University.

Sincerely yours,

Margaret Higham, M.D.
Medical Director



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Immunization Record

Name of Student _____

Student Date of Birth _____

Student Immunization Record

Meningococcal Vaccine: _____ / _____ / _____
mm/dd/yy

MMR Dose #1 (given on or after 12 months of age): _____ / _____ / _____
mm/dd/yy

MMR Dose #2 (given at least four weeks after first dose): _____ / _____ / _____
mm/dd/yy

Varicella Dose #1: _____ / _____ / _____
mm/dd/yy

Varicella Dose #2: _____ / _____ / _____
mm/dd/yy

OR

	Actual Results of Antibody Titers	Dates
Measles:		
Mumps:		
Rubella:		
Varicella:		

Physician Information

Name _____

Physician's Phone Number _____

Physician's Signature _____ Date _____



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Health Information & Consent Form

Name of Student _____

Student Date of Birth _____

This form is required in order for staff clinicians at the Tufts University Health Service, or any other medical facility, to render medical services while you attend Tufts.

Student Consent (If student is older than 18 years of age)

I consent to medical care in the Tufts University Health Service or any other medical facility.

Student Date of Birth _____

Student Signature _____ Today's Date _____

Parent/Guardian Consent (If student is 18 years of age or younger)

I, the parent or guardian of the above named student, hereby grant permission to the Director of Tufts University Health Service, or other medical professional, or his/her authorized representative, to furnish such medical care as my son or daughter may require, including examinations, treatment, immunizations, and so forth. This permission is conditional upon the understanding that in the event of serious illness or the need for hospitalization and/or surgery, the Director will use all reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director from providing such emergency treatment as may be necessary for the best interest of my son/daughter. I understand that I will be responsible for any medical expenses incurred by my son/daughter during this program.

Parent/Guardian Signature _____ Today's Date _____

Relationship to Student _____

Health Insurance Information

Subscriber Name _____ Subscriber DOB: _____

Health Insurance Provider/Company _____

Company Address _____

Policy Number _____ Group Number _____

Emergency Contact Information

Name of Student _____

Student Current Address _____
Street

City State Zip Country

Name of Emergency Contact _____

Relationship to Student _____

Emergency Contact Phone _____

Alternative Emergency Contact Name _____

Relationship to Student _____

Alternative Emergency Contact Phone _____

Medical Profile

1. Do you have any medical problems for which you are receiving medication? Yes No

If yes, complete the following

Diagnosis	Medication(s)
_____	_____
_____	_____
_____	_____
_____	_____

2. Are you allergic to any medicines(s)? Yes No

If yes, list pertinent medicines(s):

3. Are you allergic to anything else? Yes No

If yes, list:

4. Have you had the following?

Measles Yes No

Mumps Yes No

Chicken Pox Yes No

Student Signature (if over 18 years of age) _____ Date _____

Parent/Guardian Signature (if 18 or younger) _____ Date _____