



# MINI-COURSE PROGRAM

Students who are registered for the ACT Preparation Class **DO NOT** need to apply for the ACT Test Taking Experience.

## ACT PREPARATION CLASS

**FOR 11TH & 12TH GRADE STUDENTS**

2.5 core GPA is required to enroll in the ACT Preparation Class

*Seven Consecutive Saturdays!*

### FALL 2017 SEMESTER SESSION 1

**October 7 - November 18, 2017**

October 7: Pre-test (8am-12pm)  
October 14: Information Session (8am-9am)  
October 14 - November 11: Classes (9am-1pm)  
November 18: Post-test (8am-12pm)

**Registration Deadline: September 29, 2017**

### SPRING 2018 SEMESTER SESSION 2

**January 13 - February 24, 2018**

January 13: Pre-test (8am-12pm)  
January 20: Information Session (8am-9am)  
January 20 - February 17: Classes (9am-1pm)  
February 24: Post-test (8am-12pm)

**Registration Deadline: January 5, 2018**

Registration deadlines have been set for each semester, however, please note that we usually reach full enrollment prior to the deadline dates. There will be no make-up pre- or post-test dates.

*"The staff at Mini-Courses was helpful, attentive, and sensitive to my concerns as a parent. It was a great benefit to attend the parent information session and to invest in the course" ~Mini-Courses Parent*

The Mini-Courses ACT Preparation Class is designed to help prepare 11th and 12th graders for the official ACT college entrance exam. Math, reading, English, and science reasoning are covered, as well as strategies for taking the test. Students engage in 20 hours of intense classroom instruction and review. They are provided a realistic pre-test and post-test experience along with an information session to interpret test scores. The class runs for seven consecutive Saturdays which requires students to have a high level of commitment and dedication to regularly attend. There are 100 openings for this class, in which student-to-instructor ratio is 25:1. (To qualify for the scholarship, students must be eligible for free or reduced lunch).

FEE: \$185.00 or DPI Pre-College Scholarship

Pre-test and Post-test are required as part of enrollment in the ACT Preparation Class.

\* Make check payable to UW-Milwaukee, Mini-Course Program.



*"The program gave me test taking tips and helped me notice the things I need to work on to do well on the ACT"*

*One-time, unofficial test experience*

## ACT TEST TAKING EXPERIENCE

*(Included with the ACT Preparation Class)*

### Fall 2017 Semester Available Test Taking Experience Dates:

Oct. 7: 8am-12pm (Registration Deadline - Sept. 29, 2017)  
Nov. 18: 8am-12pm (Registration Deadline - Nov. 10, 2017)

### Spring 2018 Semester Available Test Taking Experience Dates:

Jan. 13: 8am-12pm (Registration Deadline - Jan. 5, 2018)  
Feb. 24: 8am-12pm (Registration Deadline - Feb. 16, 2018)



If you register for the ACT Preparation Class you do **NOT NEED** to register for the ACT Test Taking Experience. The ACT Test Taking Experience is a one-time opportunity to take an unofficial ACT test and receive unofficial test results. Students must be in 10th-12th grade to register, no grade point average requirement. Unofficial test results and additional test taking strategies are mailed within two weeks.

FEE: \$25\*, no scholarships are available.

\* Make check payable to UW-Milwaukee, Mini-Course Program.

**ONLY** complete  
Registration  
Form on Page 7!

# Mini-Courses ACT Preparation Class Students ONLY

## ACT PREPARATION CLASS REGISTRATION FORM

(11th & 12th grade only)

Once your child is registered for the ACT Preparation Class there are no refunds or transfers.

**Check only one ACT Preparation Class Session to register for from the schedule below.**

### FALL 2017 SEMESTER

**SESSION 1**

**October 7 – November 18, 2017**

October 7: Pre-test (8am-12pm)  
October 14: Information Session (8am-9am)  
October 14 – November 11: Classes (9am-1pm)  
November 18: Post-test (8am-12pm)

**Registration Deadline: September 29, 2017**

### SPRING 2018 SEMESTER

**SESSION 2**

**January 13 – February 24, 2018**

January 13: Pre-test (8am-12pm)  
January 20: Information Session (8am-9am)  
January 20 – February 17: Classes (9am-1pm)  
February 24: Post-test (8am-12pm)

**Registration Deadline: January 5, 2018**

-OR-

**Registration deadlines have been set for each semester, however, please note that we usually reach full enrollment prior to the deadline dates. There will be no make-up pre- or post-test dates.**

\*If you are unable to enroll for Fall 2017 or Spring 2018 ACT Preparation Class dates, please consider registering for our Summer Act Preparation Class offered through College for Teens on July 23 – August 3, 2018. Please go to College for Kids/Teens website for more information at: [sce-kids.uwm.edu](http://sce-kids.uwm.edu)

**Please Note: The ACT Preparation Class is held on the University of Wisconsin-Milwaukee campus. More details will be provided once enrolled.**

My child has special needs and/or requires accommodations - Please contact the Mini-Courses Director.

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  Male  Female

Social Security Number Disclosure and Usage: The University of Wisconsin System requests/uses social security numbers (SSNs) to measure the impact of Pre-College program participation on college enrollment. No statute or other authority requires disclosure of SSN for that purpose. Failure to provide SSN, however, may decrease the ability of the UW System to measure the impact of Pre-College program participation. Further disclosure of SSN is restricted by the Wisconsin Public Records Act and other State and Federal laws.

School Attending \_\_\_\_\_ School Phone # \_\_\_\_\_

Are you interested in attending UWM?  Yes  No Have you applied to UWM?  Yes  No

#### Primary Contact Information

Parent/Guardian's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I authorize "Mini-Courses ACT Preparation Class" to contact me for reminders and alerts. Approved methods of contact include, but are not limited to, mail, phone, text message (SMS or MMS), and email. I understand that this authorization is not a condition of purchasing any good or service.

Parent Mobile Number \_\_\_\_\_ Parent Email Address \_\_\_\_\_ Parent Initials \_\_\_\_\_

Student Mobile Number \_\_\_\_\_ Student Email Address \_\_\_\_\_ Parent Initials \_\_\_\_\_

#### Head of Household

*Female* Have you earned a bachelors degree from a four-year college or university?  Yes  No

*Male* Have you earned a bachelors degree from a four-year college or university?  Yes  No

Does your family qualify for Free or Reduced lunches?  Yes  No

Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)?  Yes  No

*Race/Ethnicity?* Please answer both a and b. Check ALL that apply.

a. Is the student Spanish/Hispanic/Latino/a?:  No, not Spanish/Hispanic/Latino/a  Yes, Puerto Rican

Yes, Mexican American, Chicano/a  Yes, Cuban  Yes, other Spanish/Hispanic/Latino/a-print group \_\_\_\_\_

b. What is the student's race? Please check ALL that apply:

American Indian/Alaskan Native - please specify principal WI or other tribe & reservation \_\_\_\_\_

Asian Indian  Black or African American  Cambodian  Chinese  Filipino  Guamanian or Chamorro

Hmong  Japanese  Korean  Laotian  Native Hawaiian  Samoan  Vietnamese  White

Other Asian-please specify \_\_\_\_\_  Other race specify \_\_\_\_\_

**Areas of Interest - Please check only THREE that apply.**

Agriculture  Architecture  Arts/Humanities  Athletics  Business  Computer  Education  Engineering

English/Literature  Environment  Health Care  History  Languages  Law  Math  Medicine  Music

Natural Science  Nursing  Politics  Social Science/Culture  Study Skills

Other (print area of interest) \_\_\_\_\_

## How to Determine Your Core Grade Point Average (GPA)

Please note that only the core classes are used to determine the student's core GPA. Those classes include variations of reading, math, English, science, social studies and foreign languages. Classes such as music, art, physical education, computers, etc., should not be used in determining the GPA. If you have any questions regarding a core class or need help determining your core GPA for eligibility\*, please call our office at 414-229-6236.

\*Core GPA required for the ACT Preparation Class is 2.5

## Registration Checklist

### ACT Preparation Class:

- Complete Registration Form
- Complete Medical Consent/Photo Permission
- Complete Class Consent/Emergency Contact Information/Behavioral Contract
- Copy of most recent report card/transcript. 2.5 core GPA required
- \$185 check/money order or a completed and signed DPI Pre-College Scholarship

\*Make check payable to:  
UW-Milwaukee,  
Mini-Course Program

Send the completed registration to the Mini-Courses office via:

Fax: (414) 229-3490

Email: [minicourses@uwm.edu](mailto:minicourses@uwm.edu)

In-Person: 3203 N. Downer Ave.  
Mitchell Hall, Rm 141  
Milwaukee, WI 53211

Mail: Mini-Course Program  
UW-Milwaukee  
P.O. Box 413  
Milwaukee, WI  
53201-0413

## Mini-Courses ACT Preparation Class Students ONLY

### MEDICAL CONSENT

**Please complete and sign this form even if you do not plan on bringing medication to class.**

#### TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

- No medication has been brought to camp.
- I want the medication or medical devices self-administered. (Age 14 and above only.)
- I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

\_\_\_\_\_  
Name of Medication (s)

\_\_\_\_\_  
Prescribing Doctor

\_\_\_\_\_  
Doctor's Phone #

\_\_\_\_\_  
Amount to be taken

\_\_\_\_\_  
How is it taken?

\_\_\_\_\_  
When to be administered

\_\_\_\_\_  
Day(s) to be taken

\_\_\_\_\_  
Special Instructions

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Milwaukee, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

\_\_\_\_\_  
**Student's Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

### PHOTO PERMISSION

Please check one and sign:

- I hereby give permission for the Mini-Course Program to use photographs of the above named child in publicity releases or on posters or brochures.
- I understand by NOT granting photo permission, my child will need to be removed from the area where any photo opportunity takes place during the program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

*Please Note: Mini-Courses will take classroom, group and individual photos during the program for the brochure, website and other Mini-Courses promotional materials.*

# Mini-Courses ACT Preparation Class Students ONLY

## CLASS CONSENT

I, \_\_\_\_\_ hereby consent to the participation of  
Parent/Guardian name, please print

\_\_\_\_\_ in the UWM ACT Preparation Class.  
Student's name, please print

I grant permission for the UWM Mini-Course Program to obtain a copy of my child's high school grade reports or transcripts and all the available test scores concerning academic progress. I understand that this information will be used solely by the UWM Mini-Course Program for the purpose of program eligibility requirements, core grade point average calculation, and DPI scholarship eligibility (if applicable). I understand that the contents will be kept in strictest confidence.

I give consent to the UWM Mini-Course Program to access post-secondary enrollment verification information for the purpose of assisting them in supporting and tracking their students, as well as to help support program initiatives. I understand that I have the right to rescind this consent at any time by contacting the UWM Mini-Course Program.

This consent form will remain in effect until the above named student graduates from high school or until the program is notified to the contrary by the parent/guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

Name and address of relative or close friend to be contacted in case of emergency if we are unable to reach parents/guardian.

\_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

## BEHAVIORAL CONTRACT

Our programs and activities are designed to help you increase your academic and social abilities – helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

*Both parents and students are asked to read and sign this paper below. Thank you!*

### Student Responsibilities

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. To not bring radios, headphones, beepers, or cellular phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
10. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. UWM, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

### Parent/Guardian Responsibilities:

1. To encourage your student to participate and do his/her best – your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program – please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

*Thanks to all parents and students for your understanding and cooperation in these matters!*

I have read and agree to abide by the above expectations for the Mini-Courses ACT Preparation Class.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Mail Application to:

UWM Mini-Course Program  
 P.O. Box 413  
 Milwaukee, WI 53201-0413

College Applying To  University of Wisconsin-Milwaukee
Precollege Program Name  Mini-Courses ACT Preparation Class

**INSTRUCTIONS FOR COLLEGE USE ONLY**

Enter name and address of college or institution in space above.

**You may receive a maximum of three DPI Precollege Scholarships per year.**

**STUDENT / PARENT INSTRUCTIONS:** Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your** school for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application **to the college or university** that is offering the precollege program.

**I. STUDENT INFORMATION**

Name Last		First		Middle Initial	
Street Address			City	State	Zip
Phone Number Area Code/No.	Email		Date of Birth Mo./Day/Yr.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Check **only one** (For Statistical Purposes Only)

Hispanic or Latino  Not Hispanic or Latino

American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian/Other Pacific Islander  White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Anticipated Year of High School Graduation		
School Presently Attending		School District Name		No. of Prior Precollege Scholarships Received This Year	

**I HEREBY AUTHORIZE** release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian  ➤	Date Signed Mo./Day/Yr.
---------------------------------------	-------------------------

**II. VERIFICATION AND RECOMMENDATION**

**Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member**

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals?  Yes  No

**I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.**

Name of Authorized Representative		Title	Telephone Area/No.
Verification Signature  ➤			Date Signed Mo./Day/Yr.



Envíe la solicitud a:

UWM Mini-Course Program  
P.O. Box 413  
Milwaukee, WI 53201-0413

Universidad a la que realiza la solicitud

University of Wisconsin-Milwaukee

Nombre del programa preuniversitario

Mini-Courses ACT Preparation Class

**INSTRUCCIONES PARA LA UNIVERSIDAD SOLAMENTE**

Escriba el nombre y la dirección de la universidad o la institución en el espacio de arriba.

**Puede recibir tres becas preuniversitarias del Departamento de Instrucción Pública (Department of Public Instruction, DPI) como máximo por año.**

**INSTRUCCIONES PARA EL ESTUDIANTE/PADRE.** El estudiante debe reunir los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Además, debe haber terminado quinto grado, pero no debe haber terminado la escuela secundaria para recibir una beca preuniversitaria del DPI.

Complete la **sección I: Información sobre el estudiante exclusivamente**. El padre/tutor debe firmar en el espacio provisto. Entregue este formulario al director o al representante autorizado del Servicio de comidas en su escuela a fin de que se complete la **sección II**. Una vez que la escuela secundaria firmó la solicitud, envíe la solicitud de beca completa por correo a la **universidad** que ofrece el programa preuniversitario.

**I. INFORMACIÓN SOBRE EL ESTUDIANTE**

Apellido		Nombre		Inicial del segundo nombre	
Calle		Ciudad		Estado	Código postal
Número de teléfono (código de área)	Correo electrónico		Fecha de nacimiento (mes/día/año)		Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino

Marque **solo** una opción (para fines estadísticos únicamente)

Hispano o latino

Ni hispano ni latino

Nativo de América o Alaska

Asiático

Negro o afroamericano

Nativo de Hawái/Otra Isla del Pacífico

Blanco

Nivel de grado actual <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Se graduó un año antes de la escuela secundaria
Asiste actualmente a la escuela	Nombre del distrito escolar	Cantidad de becas preuniversitarias que recibió anteriormente durante este año calendario

**POR LA PRESENTE, AUTORIZO** a que se entregue el comprobante de elegibilidad de mi hijo/a para recibir comidas gratuitas o a un precio reducido en la escuela al campus preuniversitario y al DPI.

Firma del padre/tutor	Fecha de la firma (mes/día/año)
-----------------------	---------------------------------



**II. VERIFICACIÓN Y RECOMENDACIÓN**

**Instrucciones para el director, el representante autorizado del Servicio de comidas o los miembros del personal del DPI/ Programas de Oportunidades Educativas de Wisconsin (Wisconsin Educational Opportunity Programs, WEOP)**

Es necesario verificar que el estudiante cumpla con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Esta solicitud se debe enviar a la universidad en la que el estudiante solicitó admisión en un programa preuniversitario del DPI.

¿Este estudiante cumple con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela?  Sí  No

**HE VERIFICADO que este estudiante cumple con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela y recomiendo a este estudiante para que reciba una beca preuniversitaria del DPI.**

Nombre del representante autorizado	Puesto	Número de teléfono (código de área/número)
Verificación de la firma		Fecha de la firma (mes/día/año)





# ACT TEST TAKING EXPERIENCE REGISTRATION FORM

(10th-12th grade only)

Only students registering for the ACT Test Taking Experience should complete the form on this page only. You should not complete this form if you are enrolling in the ACT Preparation Class. Once your child is registered for the ACT Test Taking Experience there are no refunds or transfers.

Check only one ACT Test Taking Experience date to register for from the schedule below.

### Fall 2017 Semester Available Test Taking Experience Dates:

- October 7: 8am-12pm (Registration Deadline - September 29, 2017)
- November 18: 8am-12pm (Registration Deadline - November 10, 2017)

### Spring 2018 Semester Available Test Taking Experience Dates:

- January 13: 8am-12pm (Registration Deadline - January 5, 2018)
- February 24: 8am-12pm (Registration Deadline - February 16, 2018)

Student's Name \_\_\_\_\_ Sex  Male  Female

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Social Security Number Disclosure and Usage: The University of Wisconsin System requests/uses social security numbers (SSNs) to measure the impact of Pre-College program participation on college enrollment. No statute or other authority requires disclosure of SSN for that purpose. Failure to provide SSN, however, may decrease the ability of the UW System to measure the impact of Pre-College program participation. Further disclosure of SSN is restricted by the Wisconsin Public Records Act and other State and Federal laws.

School Attending \_\_\_\_\_ School Phone # \_\_\_\_\_ Current Grade \_\_\_\_\_

Are you interested in attending UW-Milwaukee?  Yes  No Have you applied to UW-Milwaukee?  Yes  No

### Primary Contact Information

Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Work

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent e-mail \_\_\_\_\_

### Head of Household

Female Have you earned a bachelors degree from a four-year college or university?  Yes  No

Male Have you earned a bachelors degree from a four-year college or university?  Yes  No

Does your family qualify for Free or Reduced lunches?  Yes  No

Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)?  Yes  No

Race/Ethnicity? Please answer both a and b. Check ALL that apply.

a. Is the student Spanish/Hispanic/Latino/a?:  No, not Spanish/Hispanic/Latino/a  Yes, Puerto Rican  Yes, Mexican American, Chicano/a  Yes, Cuban

Yes, other Spanish/Hispanic/Latino/a-print group \_\_\_\_\_

b. What is the student's race? Please check ALL that apply:

American Indian/Alaskan Native - please specify principal WI or other tribe & reservation \_\_\_\_\_  Asian Indian  Black or African American

Cambodian  Chinese  Filipino  Guamanian or Chamorro  Hmong  Japanese  Korean  Laotian  Native Hawaiian  Samoan

Vietnamese  White  Other Asian-please specify \_\_\_\_\_  Other race specify \_\_\_\_\_

Areas of Interest - Please check only THREE that apply.

Agriculture  Architecture  Arts/Humanities  Athletics  Business  Computer  Education  Engineering  English/Literature  Environment

Health Care  History  Languages  Law  Math  Medicine  Music  Natural Science  Nursing  Politics  Social Science/Culture

Study Skills  Other (print area of interest) \_\_\_\_\_

## MEDICAL CONSENT

Please complete and sign this form even if you do not plan on bringing medication to class.

### TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage.

You must also complete the form below:

No medication has been brought to camp.

I want the medication or medical devices self-administered. (Age 14 and above only.)

I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of Medication (s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ When to be administered \_\_\_\_\_

Day(s) to be taken \_\_\_\_\_ Special Instructions \_\_\_\_\_

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Milwaukee, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Student's Name (Please Print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Nonprofit Organization  
U.S. POSTAGE  
**PAID**  
MILWAUKEE, WI  
PERMIT NO. 864

**TRIO & Pre-College Programs**

MINI-COURSE Program  
PO Box 413  
Milwaukee, WI 53201-0413

RETURN SERVICE REQUESTED

