

STUDENT LIFE PACKET

Please complete this packet in full and submit it by the postmark deadline of May 20, 2025. Please mail your completed packet as follows:

**On or Before May 20, 2025**

**Via U.S. Postal Service:**

Manager of Enrollment and Student  
Engagement  
Boston University Tanglewood Institute  
855 Commonwealth Avenue  
Boston, MA 02215

**On or Before May 20, 2025**

**Via FedEx or UPS:**

College of Fine Arts –  
BU Tanglewood Institute  
c/o BU Mail Services  
120 Ashford Street  
Boston, MA 02215

**After May 20, 2025**

**Via U.S. Post, FedEx, and UPS**

Manager of Enrollment and Student  
Engagement  
Boston University Tanglewood Institute  
45 West Street  
Lenox, MA 01240

BOSTON UNIVERSITY 2025 AGREEMENTS, AUTHORIZATIONS, AND WAIVERS

Student's full name \_\_\_\_\_  
last first middle initial

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Primary E-mail address: \_\_\_\_\_

**2025 RESIDENCE LICENSE AGREEMENT**

This [Residence License Agreement](http://www.bu.edu/cfa/tanglewood/accepted-students/lifebook/) (the "Agreement") is for all enrolled programs at Boston University Tanglewood Institute that you attend during the summer of 2025 (the "Term"). The Term commences on the move-in date outlined in the Tanglewood Institute Lifebook (<http://www.bu.edu/cfa/tanglewood/accepted-students/lifebook/>) and ends on the move-out date also outlined in the Lifebook.

I, the undersigned student, apply to become a licensee in the Boston University residential system for the duration of the workshop and/or program(s) for which I am enrolled. I acknowledge receipt of copies of this Residence License Agreement, the Boston University Tanglewood Institute Summer 2025 Lifebook, and the Terms and Conditions of the Residence License Agreement, located on the BUTI website at <http://www.bu.edu/cfa/tanglewood/accepted-students/lifebook/rules-regulations/>. I agree to be responsible for reading all such documents and revisions and knowing their contents. I hereby agree to comply with the terms and conditions set forth in this Residence License Agreement and the documents incorporated herein by reference, as well as with any subsequent revisions thereof authorized by the University. I further understand that this Residence License Agreement will only be valid for programs which the Student Life Office receives confirmation from the Administrative Office of my acceptance and deposit for.

Student signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Guarantor signature (If student is under 18 years of age, parent or legal guardian must sign.) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

## STUDENT/PARENT ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

### For Participation in Boston University Tanglewood Institute Recreational Activities

1. I hereby consent to the participation of the student named below ("Student") in all recreational activities offered by Boston University Tanglewood Institute ("the Program").
2. I understand, recognize, and acknowledge that this Program involves recreational activities in which they are not required to participate, including but not limited to swimming and waterfront activities, tennis, lawn sports, basketball, hiking and yoga, that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program's recreational activities that have not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to the Student's participation in the Program.
3. In consideration of Boston University allowing the Student to participate in the Program, I, on behalf of myself, the Student, and anyone claiming on behalf of me or the Student hereby FOREVER RELEASE Trustees of Boston University (the "University") and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death, or accident of any kind sustained by the Student that arises out of or is related in any way to their participation in the Program which I may now or hereafter have and which the above-named Student has or hereafter may acquire, either before or after reaching majority.
4. In signing this Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, the Student, and anyone claiming on behalf of me or the Student.
5. I further acknowledge that I am the parent or legal guardian of the Student identified above, with legal authority to sign this document.

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (if student is under 18)

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18)

\_\_\_\_\_  
Date

## MEDIA RELEASE

In connection with programs at Boston University Tanglewood Institute, I hereby give my permission to Boston University Tanglewood Institute to photograph, film, videotape, make sound recordings and other recordings (the "Recordings") of the below named student ("Student"), to quote or publish the statements of the Student and to use any such Recordings, quotations or statements in Boston University Tanglewood Institute educational and promotional/advertising materials. I understand that the Student may be identified in any photographs, news stories or publications that Boston University Tanglewood Institute considers appropriate for release to magazines, newspapers, internet publications or other publications and media. I further understand that any such Recordings are the property of Boston University Tanglewood Institute and that they may be copyrighted in Boston University Tanglewood Institute's name. I release and discharge Boston University Tanglewood Institute and its employees and agents from all claims and demands arising out of or in connection with the above-described use of such Recordings, quotations, statements or identifications, including but not limited to any claims for infringement of copyright or invasion of privacy.

I grant the above permissions irrevocably and without payment of compensation, fee or royalty.

I certify that I have read the foregoing, fully understand the contents thereof and agree to these terms.

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

---

Parent/Guardian Name (if student is under 18)

---

Parent/Guardian Signature (if student is under 18)

---

Date

ALBANY AIRPORT SHUTTLE PAYMENT FORM

Students who signed up for any of the airport shuttles through the Electronic Student Forms must complete this form to make payment. The airport shuttle cost \$60 one-way and \$120 round trip.

If paying by check, attach a separate, nonrefundable check made payable to "Boston University." On the check memo, write the name of the student and "shuttle fee." Include this form and check with your other completed forms.

Student Name \_\_\_\_\_  
last first middle initial

Check the approx. arrival shuttle from Albany Airport to West Street Campus for which you signed up:

- |                          |                 |   |
|--------------------------|-----------------|---|
| <input type="checkbox"/> | Sunday, June 22 | 10:30 a.m. departure from Albany                  |
| <input type="checkbox"/> | Sunday, June 22 | 2:30 p.m. departure from Albany                   |
| <input type="checkbox"/> | Sunday, July 6  | 10:30 a.m. departure from Albany                  |
| <input type="checkbox"/> | Sunday, July 6  | 2:30 p.m. departure from Albany                   |
| <input type="checkbox"/> | Sunday, July 27 | TBA, departure from Albany (Piano Session 2 Only) |

Check the approx. departure shuttle from West Street Campus to Albany Airport for which you signed up:

- |                          |                     |   |
|--------------------------|---------------------|---|
| <input type="checkbox"/> | Saturday, July 5    | 9:00 a.m. departure from Campus                             |
| <input type="checkbox"/> | Saturday, July 5    | 2:00 p.m. departure from Campus                             |
| <input type="checkbox"/> | Saturday, July 26   | TBA, departure from Campus (Piano Session 1 Only)           |
| <input type="checkbox"/> | Monday, August 4    | 8:00 a.m. departure from Campus (YAWE Students Only)        |
| <input type="checkbox"/> | Saturday, August 16 | Immediate departure after YAO concert (app. 4:30 p.m.)      |
| <input type="checkbox"/> | Sunday, August 17   | 6:00 a.m. departure from Campus (YAVP students, especially) |

Please note that both the arrival and departure BUTI shuttle schedules are subject to change, to best accommodate all parties. Should any changes be made and you have requested a seat, we will let you know of any change in service.

-----  
Total enclosed: \_\_\_\_\_  
(\$60/trip or \$120 round trip)

Student Name: \_\_\_\_\_

Please attach your check here or, if using a credit card, complete the following.

Please charge my shuttle fee in the amount of \$ \_\_\_\_\_ to my credit card:

\_\_\_ AMEX      \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Discover

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

You should never email information containing credit card data.  
PLEASE NOTE THAT BOSTON UNIVERSITY IS UNABLE TO ACCEPT THIS FORM VIA EMAIL.

## OPENING DAY COOKOUT TICKET REQUEST AND PAYMENT

Students, families and friends are cordially invited! The opening cookouts are held on the back lawn of Groton Place, West Street Campus, and are served buffet-style. Vegetarian options will be provided. Students' meals are already included in the summer residence board. Tickets to the cookouts are available to students' guest(s) at a cost of \$15.00 each. Advance reservations are preferred to ensure food is available.

Cookouts will directly follow the opening ceremonies on Sunday, June 22, 2025 and Sunday, July 6, 2025 at approximately 5 p.m.

Please complete this form and attach a separate, nonrefundable check made payable to "Trustees of Boston University." On the check, write the name of the student with whom the guest(s) will be accompanying. Include this form and your check with your completed Student Life Packet.

Reserved tickets will be distributed at housing registration on the days of the cookouts. If guests plan to attend more than one cookout, please indicate the number of guests who will attend on each date.

Student name \_\_\_\_\_  
last first middle initial

- Sunday, June 22, 2025 : Number of guests \_\_\_\_\_ x \$15.00
- Sunday, July 6, 2025: Number of guests \_\_\_\_\_ x \$15.00

Total enclosed \_\_\_\_\_  
(\$15.00 per person)

Please attach your check here (Do not staple)

## PRIVATE LESSONS ACKNOWLEDGMENT, CONSENT, AND RELEASE FROM LIABILITY

As a courtesy to students of the Boston University Tanglewood Institute ("BUTI"), BUTI arranges for private lessons with instructors of the student's choice. These private lessons are not a required part of the BUTI curriculum (the "Lessons").

1. I hereby voluntarily consent to my participation/the participation of \_\_\_\_\_  
(if student is under the age of 18) in the Lessons (the "Participant").

2. I understand, recognize, and acknowledge that the Lessons are not a required part of the BUTI curriculum, and that my/the Participant's participation in the Lessons may involve risks to me/the Participant, including accident, illness, physical or mental injuries, death, and property damage. I understand these risks and assume them knowingly and willingly.

3. In consideration of BUTI allowing me/the Participant to participate in the Lessons, I, on behalf of myself, the Participant, and anyone claiming on behalf of me or the Participant hereby FOREVER RELEASE Boston University Tanglewood Institute and Trustees of Boston University (collectively referred to as the "University") and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by me/the Participant (including those for which I/the Participant may be liable to any other person during the Lessons), resulting from any cause, that arise out of or are related in any way to my/the Participant's participation in the Lessons which I/the Participant may now or hereafter have and which I/the Participant has or hereafter may acquire, either before or after reaching majority.

4. In signing this Private Lessons Acknowledgment, Consent, and Release from Liability Form, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, the Participant, and anyone claiming on behalf of me or the Participant.

5. I further acknowledge that I am the Participant or, if the Participant is a minor, the parent or legal guardian of the minor identified above, with legal authority to sign this document.

_____ Student Name	_____ Student Signature	_____ Date
_____ Parent/Guardian Name (if student is under 18)	_____ Parent/Guardian Signature (if student is under 18)	_____ Date
_____ Address (Street, Town, City, Zip)	_____ Phone	_____ Email

**2025 MEDICAL AUTHORIZATION****Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_**Enrolled Programs:** \_\_\_\_\_

Boston University Tanglewood Institute students and their parents must agree to the conditions set forth below prior to the student's arrival on campus. Please print and sign.

Physicians, nurse practitioners, nurses, and other professional staff employed by Boston University Tanglewood Institute or employed at any medical facility to which the student may be referred by Boston University Tanglewood Institute are authorized to perform examinations and prescribe and render treatment when consulted by the student; or for students identified as unwell. No surgical procedure will be undertaken upon a minor child (under age 18) without prior consent of the parent except in case of emergency. Due to its proximity to Lenox, Berkshire Medical Center is the medical facility to which students are usually referred when acute medical needs arise during the summer program.

When, in the judgment of our nurse or physician, a condition exists which should be reported to the parent of a minor child, the parent may be notified after informing the student of the plan to notify the parent. Boston University Tanglewood Institute and any medical facility to which the student may be referred may release medical information or a copy of a minor child's medical record to the child's parent, upon appropriate written request by the parent.

Boston University Tanglewood Institute reserves the right to remove a student from the program if, in the determination of the medical team, a student's continued enrollment would create a significant risk to the health and safety of the student or others, or if the student refuses to cooperate with efforts deemed necessary by the University to evaluate the student's condition, or if the student's condition is beyond what can be supported while in residence at the 45 West Street campus. Residents are prohibited from engaging in conduct, in or out of the residence facility, which poses a threat to the health or safety of persons or property or interferes with the rights or well-being of others.

All medical costs incurred including, but not limited to, ambulance charges, pharmacy costs, hospital emergency room visits, x-rays, laboratory tests, appointments and tests conducted at any medical facility, etc., are the financial responsibility of the parent and/or student. To the extent Boston University Tanglewood Institute pays any medical expenses in connection with the treatment of a student, the parent and/or student shall repay Boston University the full amount of all such charges. If you have medical insurance, you are advised to contact your insurance company for its policies on out-of-area coverage. Students should carry an insurance card (or a photocopy of an insurance card) with them. Please provide your medical insurance information requested below and attach a photocopy of the front and back of your insurance card on the form provided. If you do not have insurance, follow the instructions to purchase coverage from Boston University on the Accepted Students portion of the Boston University Tanglewood Institute website. Insurance is required.

**Name of insurance company** \_\_\_\_\_ **Policy number** \_\_\_\_\_**Address** \_\_\_\_\_ **Policy holder** \_\_\_\_\_

Pertinent medical information including known allergies and medical conditions which might affect treatment have been disclosed on the Report of Medical History, which will be maintained in the files of the health services staff employed by Boston University Tanglewood Institute.

It is understood that the University assumes no responsibility for providing and/or referring students to medical care in the event the student and/or parent chooses to seek such care independently.

The undersigned hereby acknowledge the above conditions and agree to abide by them during the period the student is enrolled in Boston University Tanglewood Institute, sponsored by Boston University, in June, July, and/or August 2025.

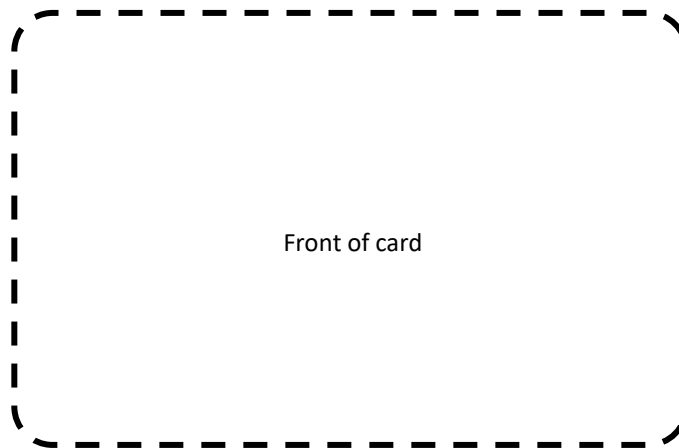
\_\_\_\_\_  
**Student Name** \_\_\_\_\_ **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_  
**Parent/Guardian Name (if student is under 18)** \_\_\_\_\_ **Parent/Guardian Signature (if student is under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

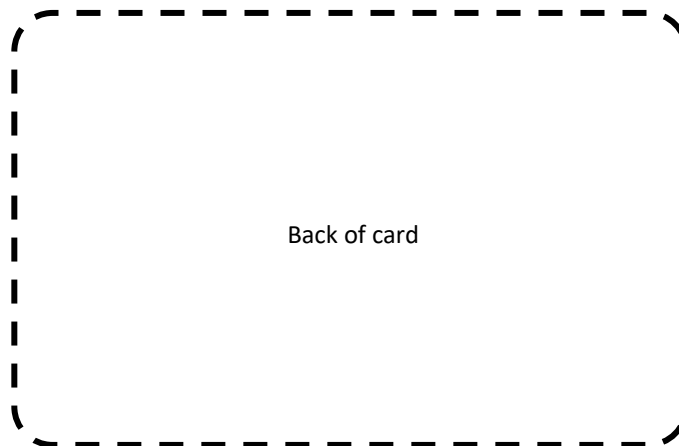
Student name \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_  
last first middle initial

Please check one of the following below to fulfill Massachusetts-required insurance:

- ☐ I have insurance and have attached photocopies of the front and back of your medical insurance card in the spaces below.
- ☐ I do not have insurance and need to purchase it from Boston University for the time period of your residency with us. Please check this box and we will be in touch with the Boston University summer insurance plan information. The appropriate form can also be found at: <http://www.bu.edu/cfa/tanglewood/accepted-students/student-life-forms/>



Front of card



Back of card



## REPORT OF MEDICAL HISTORY

Please print.

Student name \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_  
last first middle initial

Parent/Guardian name \_\_\_\_\_  
(Primary Contact) last first middle initial

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Other telephone (e.g., cell, business) (\_\_\_\_\_) \_\_\_\_\_

In case of emergency, alternate contact \_\_\_\_\_  
last name first name

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Other telephone (e.g., cell, business) (\_\_\_\_\_) \_\_\_\_\_

Allergies/Adverse Reactions (Medication, Food or Environmental): \_\_\_\_\_

Has the student been prescribed an Epi Pen? (If so, dose and allergen, and MD signed Anaphylaxis Action Plan):

\_\_\_\_\_

**CHECK if the student has had any problems in the following areas. Please comment on all checked boxes in the space below.**

- ☐ Childhood Illnesses: (Scarlet Fever, German measles, Mumps, Chicken pox, Rheumatic Fever etc.)
- ☐ Head/Neurological: (headaches, migraines, seizures, head injury etc.)
- ☐ Ears, Nose, Throat, Mouth: (ear infections, hearing loss, sinusitis, strep throat, tonsillitis, dental issues, braces etc.)
- ☐ Eyes: (visual impairment, contact lenses or glasses, infections etc.)
- ☐ Heart: (palpitations, dizziness, fainting, arrhythmia, high/low blood pressure etc.)
- ☐ Lung: (shortness of breath, chest pain, asthma, infections, cough etc.)
- ☐ Musculoskeletal: (broken bones, dislocation, scoliosis, hernia, weakness, paralysis)
- ☐ Gastrointestinal/Metabolic: (abdominal pain, diarrhea, constipation, recent weight gain or loss, Diabetes, hypoglycemia, gallstones, etc.)
- ☐ Genital/Urinary: (Urinary tract infections, kidney stones, gynecological problems etc.)
- ☐ Skin: (rash, eczema, acne, herpes etc.)
- ☐ Psychological: (ADHD, mood disorder, eating disorder, sleep problems etc.)
- ☐ Has the student ever been hospitalized?
- ☐ Has the student ever had surgery?
- ☐ Does the student have a chronic illness?
- ☐ Has the student had physical activity restricted during the past five years?
- ☐ Has the student consulted or been treated by a psychiatrist or mental health provider?
- ☐ Has the student ever had a positive skin test for tuberculosis (T.B.)?

**Comments: Please provide additional information on all checked boxes (diagnosis, treatment, and dates).**

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## IMMUNIZATION RECORD

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Massachusetts Public Health Law requires every student under the age of 30 to have certified evidence of the dates of the original series and boosters of the following immunizations in order to enroll.

***\*If available, please attach an immunization record from your physician's office.***

### MASSACHUSETTS REQUIRED VACCINES

### DATES

Month / Day / Year

#### 1. MMR (mumps, measles, rubella)

- a. First dose on or after 12 months
- b. Second dose

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 2. Diphtheria, Pertussis and Tetanus

- a. Primary Series
- b. Tdap required for residential students:

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
4. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
5. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 3. Polio

- a. Primary Series

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
4. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 4. Hepatitis B

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 5. Chicken Pox disease – Date: \_\_\_\_\_ or Varivax 2 doses

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 6. Meningococcal (MENACWY, Menactra) or signed waiver

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 7. COVID-19

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 7. Other vaccines: indicate name/date: \_\_\_\_\_ \_\_\_\_\_

1. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. Tuberculosis testing: A mantoux skin test is required only for students who fall in the following risk categories: work in shelters, nursing homes, or with indigent populations; travel to foreign areas where T.B. is prevalent staying one (1) month or more.

Date \_\_\_\_\_ mm \_\_\_\_\_

A chest film is required for any positive PPD. CXR Date \_\_\_\_\_

Result: \_\_\_\_\_

Have you ever received BCG? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you been prescribed medication for a positive PPD? \_\_\_\_\_

If so, dates of Treatment: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATION INVENTORY

Student name \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_  
last first middle initial

Medication includes both prescription and non-prescription medications and includes those taken by mouth or by inhaler, those which are injectable, applied as drops to eyes or nose, or applied to the skin.

### PRESCRIPTION MEDICATIONS POLICIES

If the student is taking psychotropic medication the prescribing provider must complete and return the Psychotropic Provider Authorization (found on <http://www.bu.edu/cfa/tanglewood/accepted-students/student-life-forms/>).

All prescription medications must be listed below. In addition, all psychotropic medications, such as stimulants, antidepressants, anti-anxiety medication, and pain medication must be held and dispensed by the Health Services Office. All prescription medications must be in original pharmacy containers, labeled by the pharmacy, with the name of the student, the prescribing physician, medication, instructions for use, and the expiration date. It is the responsibility of the student to obtain held prescription medication from the Health Services Office. The Health Services Office does not remind or compel students to take prescription medication and does not routinely monitor or report whether a student has taken prescription medication.

PLEASE LIST PRESCRIPTION MEDICATIONS:

Name of Medication	Reason for Use	Directions for Dispensing	Expiration

### NON-PRESCRIPTION MEDICATIONS

Students are discouraged from bringing general over-the-counter medications. Health Services provides items such as mild pain relievers, cough suppressants, etc. If students do need to bring special products, please list them below, including all over-the-counter medications, vitamins, skin preparations, herbal items, and food supplements.

Name of Medication	Reason for Use	Directions for Dispensing

### NO MEDICATION

- ☐ Please check here to indicate that you will be bringing no medications (including prescription, non-prescription, and herbal supplements).

### PARENT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read Boston University Tanglewood Institute's medication policies and agree to comply with them. The responses on this Medication Inventory are true and complete to the best of my knowledge. I authorize BUTI to administer psychotropic prescription medication to the student as listed above.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

### DIETARY NEEDS AND RESTRICTIONS FORM

Student's full name \_\_\_\_\_  
last first middle initial

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Primary E-mail address: \_\_\_\_\_

Boston University Dining Services is committed to providing students, faculty, and guests with the information you need to make informed food choices. We employ a full-time Director of Safety and Sanitation who oversees continuous training of our staff. We want to make dining at Boston University Tanglewood Institute as easy and enjoyable for you as possible. For additional information regarding food preparation in respect to allergens, please visit <https://www.bu.edu/dining/nutrition/food-allergies/allergen-guide/>.

#### Dietary Restrictions and Preferences:

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Lactose Intolerant
- ☐ Kosher
- ☐ Halal
- ☐ Other: \_\_\_\_\_

#### Food Allergies (must also be listed on report of medical history):

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Peanuts          | <input type="checkbox"/> Milk  |
| <input type="checkbox"/> Tree nuts        | <input type="checkbox"/> Egg   |
| <input type="checkbox"/> Fish             | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Shellfish        | <input type="checkbox"/> Soy   |
| <br><input type="checkbox"/> Other: _____ |                                |

PERFORMING ARTS PHYSICAL THERAPY ASSESSMENT AND TRIAGE SESSIONS  
WAIVER AND RELEASE FROM LIABILITY

I am at least 18 years of age, (if under 18 years of age, with parent/guardian permission), and am voluntarily participating in the on-site physical therapy *Assessment and Triage* Sessions conducted by Performing Arts Physical Therapy, PC at Boston University Tanglewood Institute. I understand that the clinic is designed to evaluate injuries and ailments that I, or my student if under 18, currently have and to determine a course of action that might help. I understand that it is my, or my student's, responsibility to inform the participating therapist of any pain, discomfort or other symptoms that might be experienced during participation in the clinic. I also assume all responsibility for my, or my student's, participation in the clinic and hereby release Performing Arts Physical Therapy, PC and Boston University Tanglewood Institute, and their respective employees and agents, from and against any and all liability with respect to participation in the clinic.

Medical information obtained during any *Assessment and Triage* session will maintain confidentiality in accordance with the Performing Arts Physical Therapy, PC HIPPA guidelines. For reference, a copy of the HIPPA form can be found on the website: [www.performingartspt.org/contact](http://www.performingartspt.org/contact).

I understand the *Assessment and Triage* sessions held at Boston University Tanglewood Institute are not intended to take the place of a complete medical evaluation by my medical practitioner.

_____ Student Name	_____ Student Signature	_____ Date
_____ Parent/Guardian Name (if student is under 18)	_____ Parent/Guardian Signature (if student is under 18)	_____ Date
_____ Address (Street, Town, City, Zip)	_____ Phone	_____ Email