Tuskegee University College of Veterinary Medicine
VET-STEP 2021 Application Form

Vet STEP I Rising 9th-10th graders (June 7, 2021-June11, 2021)
Vet STEP II Rising 11-12th graders (June 21, 2021-June25, 2021)

Application Deadline: April 12, 2021

Please be sure to include each of the following items in your application packet.
* Letter of Recommendation on official school letterhead from a current Science teacher AND current counselor (2 letters of recommendation)
* Official school transcript
* Essay: “Why I want to be a Veterinarian” at least 200 words
* Photo of Vet STEP applicant

Name: __________________________________________

                      Last       First       M.I.

Address: __________________________________________

                                      __________________________________________

Date of Birth: ____/____/_____     Grade: _______________     Gender: _______________

School: __________________________________________ Current GPA ______

Have you ever applied to Vet STEP before? ________ If so did you get accepted:_____

Which session are you applying for? (please circle one)

  • Vet STEP I (rising 9th and 10th graders)
  • Vet STEP II (rising 11th and 12th graders)

Please list all animal experience:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
TUCVM VET-STEP 2021 Program Agreement and Release of Liability

I/We the undersigned (or parent/guardian, if Participant is under the age of 18), understand that this is a legally binding Release of the Tuskegee University (TU). Please Initial ____________

I/We request permission to participate in Vet STEP 2021. In consideration of being granted this permission, I/We agree as follows: Please Initial ____________

1. Voluntary Program I understand and agree that participation in this Program is purely voluntary and is not required by TU. Please Initial ____________

2. Release of Liability I/We, on behalf of myself/the Participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release Tuskegee University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Relees") from, and agree not to sue Relees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of my participation in the Program from any cause whatsoever, to the extent permitted by law. Please Initial ____________

3. Acknowledgment of Risk I/We recognize and acknowledge the risks of the activities which could include serious injuries and property damage. I/We attest that I/we have fully considered the risks and hazards, and I/we agree that I/we have individually assumed the risks involved in this Program. Please Initial ____________

4. Fitness to Participate I/We hereby represent that I am physically and mentally able to participate in the above referenced Program and have no health problems which would present a risk to me in participating in this Program. I certify the participant has been seen by a healthcare provider within the last year. Please Initial ____________

5. Emergency Medical Treatment I/We understand and agree that Relees do not have medical personnel available at the location of the Program. I/We understand and agree that Relees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Relees assume no responsibility for any injury or damage which might arise out, or in connection with such authorized emergency medical treatment. Please Initial ____________

6. Insurance I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment. Please Initial ____________

7. Photos & Videos: I agree that any photographs or video taken of me and/or my child or testimonial given may be used for promotional, educational and/or publicity without any compensation or prior approval. Please Initial ____________
TUCVM VET-STEP 2021
Program Agreement and Release of Liability

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release the Tuskegee University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced Program. It is my intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I acknowledge that I have read and understand the TUCVM Vet STEP 2021 Program Agreement and Release of Liability form. I hereby approve of the Participant's participation in the VET STEP 2021 Program.

I further state that I am the Participant's _____parent/_____ guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assign to be bound by same.

Participant Name: ___________________________ Date: __________________

Parent/Guardian Name: ___________________________ Date: __________________
This authorization gives Tuskegee University permission to act on your behalf in the case of a medical emergency. All information provided is confidential and will be used only in case of a medical emergency. Signed Medical Information and Authorization Forms are required for attendance and participation. **Include a copy of the front and back of the insurance card.**

Student Name: ____________________________________________________________

(Last) (First) (M.I.)

Date of Birth: ___________ Social Security Number: _____________________________

Current Address: ___________________________________________________________

Parent/Guardian Name: _____________________________________________________

Work Phone: ________________ Home Phone: _________________________________

Cell Phone: ________________ E-mail: _________________________________________

Emergency Contact and Phone

Number: ____________________________

**Medical Insurance Information**

Policy Holder’s Name: _______________________________________________________

Insurance Company Name: ________________________________ __________________

Insurance Company Phone: ________________________________

Insurance Company Address: _______________________________________________

Policy Number: __________________________ Group Number: ____________________

Physician’s Name: __________________________ Phone: ________________________
Allergies:________________________________________________________

Current Medication(s) ____________________________________________

Medication(s) allergies: ____________________________________________

**Medical/Health Conditions: Please select all that apply**

- [ ] Asthma
- [ ] Thyroid Disease
- [ ] Diabetes
- [ ] Skin Problems
- [ ] High Blood Pressure
- [ ] Sinusitis
- [ ] Ear Problems
- [ ] Yellow Jaundice, Hepatitis
- [ ] Frequent Ear Infections
- [ ] Liver Disease
- [ ] Deafness
- [ ] Bone or Joint Problems
- [ ] Eye Problems
- [ ] Epilepsy
- [ ] Wear Glasses
- [ ] Cancer
- [ ] Arthritis
- [ ] Tuberculosis
- [ ] Kidney or Bladder Infection
- [ ] Rheumatic Fever
- [ ] Stomach or Intestinal Problems
- [ ] Significant Injuries
- [ ] Heart Disease
- [ ] Heart Murmur

Other__________________________________________________________

**Emotional Illness** [ ] Yes [ ] No

If you checked yes, did you have treatment? [ ] Yes [ ] No

**Describe any Physical Disabilities or limitations:** _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s Name (Signature) ___________________________ Date ____________

Parent/Guardian’s (Signature) __________________________ Date ____________
Tuskegee University College of Veterinary Medicine
Vet STEP 2021 Medical Care Authorization Form

I hereby grant permission to the authorized representative of Tuskegee University College of Veterinary Medicine (TUCVM) to provide minor care to the (print student’s name) if needed. Further permission for emergency treatment, in the event of serious illness or the need for hospitalization and or major surgery, is granted, conditional upon the understanding that the representative of TUCVM will use all reasonable efforts to contact the emergency references (parent or guardian) named herein. Failure in such efforts however should not prevent the representative from providing such emergency treatment and allow the Student Health Center or any licensed physician, contracted by Tuskegee University as may be necessary for the best interest of the life of the above student.

I further understand and agree that Tuskegee University is not legally liable, financially or otherwise, for such emergency treatment.

_________________________________________  __________________________
Student’s Name                                   Date

_________________________________________  __________________________
Parent/Guardian Name                              Date

Please send Vet STEP 2021 application and supporting documents to:

Ms. Jessica Stoneback
Vet STEP 2021
Tuskegee University College of Veterinary Medicine
Patterson Hall
1200 W. Montgomery Rd.
Tuskegee Institute, AL 36088