



## Region 1

### Monica Peña-Villegas

Regional Assistant Director  
[mapenavillegas@ucdavis.edu](mailto:mapenavillegas@ucdavis.edu)  
530.752.9227

#### Esparto Unified

Esparto High School  
Esparto Middle School

#### Woodland Joint Unified

Douglass Middle School  
Lee Middle School  
Pioneer High School  
Woodland High School



## Region 2

### Harold Stewart-Carballo

Regional Assistant Director  
[hjstewart@ucdavis.edu](mailto:hjstewart@ucdavis.edu)  
530.754.5017

#### Elk Grove Unified

Florin High School  
James Rutter Middle School

#### Twin Rivers Unified

Foothill Ranch Middle School  
Foothill High School  
Grant Union High School  
Martin Luther King, Jr Technology Academy

## Region 3

### Kayla Vogt

Regional Assistant Director  
[kcvogt@ucdavis.edu](mailto:kcvogt@ucdavis.edu)  
530.752.1963

#### Sacramento City Unified

Fern Bacon Middle School  
Hiram Johnson High School  
Luther Burbank High School  
Rosa Parks Middle School K8  
Will C. Wood Middle School

#### Washington Unified

Westmore Oaks Elementary School  
River City High School

## Region 4

530.754.8106

#### Elk Grove Unified

Valley High School

#### Galt Joint Union

Galt High School  
Robert L. McCaffrey Middle School

#### Sacramento City Unified

Sacramento Charter High School  
Albert Einstein Middle School  
Rosemont High School

#### San Juan Unified

Arcade Fundamental Middle School  
Mira Loma High School

## Region 5

530.754.2386

#### Dixon Unified

John Knight Middle School  
Dixon High School

#### Natomas Unified

American Lakes School  
Natomas Middle School  
Natomas High School  
Inderkum High School







University of California, Davis
EARLY ACADEMIC OUTREACH PROGRAM

Parent/Guardian Authorization

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,

a minor child, hereby give permission for my child to participate in Early Academic Outreach Program (EAOP) Activities and Projects conducted by the University of California at Davis. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in Early Academic Outreach Program (EAOP) academic development services, and to become eligible for admission to postsecondary educational institutions of California. I also understand that such Activities may be available until he/she enrolls at a college or university campus.

Authorization

I hereby authorize Early Academic Outreach Program (EAOP) directors, staff, and their assistants to engage in the following:

- 1. To have access to, and to make and receive copies of, my child's academic school records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
2. To have access to, and to make and receive copies of, my child's standardized test records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used only for the purposes of assessing student performance and advising students and not for recruitment purposes.
3. To have access to, and to make and receive copies of, my child's academic school records and standardized test records contained in electronic databases and warehouses, including but not limited to the UC Review data warehouse, through the completion of 12th grade. I understand that these electronic records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
4. To disclose information from my child's academic school records to designated representatives of colleges and universities so that they may determine my child's eligibility for admission at their institutions, his/her need for special services and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.
5. To allow my child to attend field trips to colleges and universities, sponsored and coordinated by the Early Academic Outreach Program (EAOP). I understand that my child will have adult supervision while on these field trips.
6. To reproduce any original materials submitted by, and any image of, my child. I understand that my child's compositions or likenesses may be reproduced in part or in whole for the purpose of on-going program promotion and evaluation. I release the University of California of any obligation to compensate me, my children, or any party acting on my behalf, for the use of the above-mentioned media.

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing this Parent/Guardian Authorization on behalf of said minor.

Signature of Parent/Guardian of Minor Date

Signature of Student Date

Print Name

Print Name

**Authorization to Consent to Treatment of Minor**

(I)(We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize  
*First and Last Name*

University of California, Davis Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practice Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of California Family Code §6910. It is understood that every effort will be made by said agent(s) to contact the undersigned prior to exercising this authorization, but no aforementioned medical care shall be withheld if contact cannot be made in a timely manner.

(I)(We) hereby authorize any facility, which has provided medical care to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of said minor to the above-named agent(s) upon the completion of medical care. This authorization is given pursuant to California Health and Safety Code §1283.

(I)(We) understand that The Regents of the University of California, its directors, officers, employees, and agents (“The University”) is not responsible for payments incurred due to aforementioned medical care.

These authorizations shall remain effective from the date signed below until the student completes the program, unless revoked sooner in writing.

Special Condition: \_\_\_\_\_

If your child has health information that would be important for us to be aware of, please check here for additional follow-up. Do not send health information on this form.

Signature required for either option:

- I authorize consent to treatment as outline above.
- I do not authorize consent to treatment.

\_\_\_\_\_  
 Parent/Guardian Name **(Required)** (print)                      Signature **(Required)**    Date