

Massachusetts State Science & Engineering Fair, Inc.
Massachusetts ISEF Delegation, May 2016
955 Massachusetts Avenue, #350 · Cambridge, MA 02139 · 617.491.1500

Permissions

Permission to Travel with MA-ISEF Delegation:

To Whom It May Concern:

I/We, VENKATA BHUPATIRAJU
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's Full Name: VIVEK BHUPATIRAJU

Date of Birth: 07/04/2001

Place of Birth: LOWELL, MA, USA

VIVEK BHUPATIRAJU, has my/our consent to travel with:
(Child's Full Name)

Full Name of Accompanying Adult: Mr. Jon Tyler and Mr. Nicholas A. Guerin as part of the Massachusetts State Science & Engineering Fair, Inc. delegation of students to the Intel® International Science and Engineering Fair® in Phoenix, AZ during the period of May 8-13th, 2016. During that period the group will be residing at the Hyatt Regency hotel.

Signature [Signature] Date: 03/12/2016
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: VENKATA BHUPATIRAJU

Permission to photograph:

I/we grant MSSEF, its parents, affiliates, subsidiaries, assigns, licensees, and designees, the irrevocable right to use my/our child's name, picture, likeness and/or photograph, and biographical information, and entry materials (including his/her essay) and materials related to his/her project (collectively the "Materials"), in all forms and media now known or hereafter developed, and in all manners, including composite representations, for advertising, marketing, trade, editorial, and any other purposes whatsoever. I/we waive any right to inspect or approve any uses that may be created in connection therewith, or the use to which the materials may be applied. I/we agree that the Materials, the negatives, and other originals thereof shall constitute MSSEF's sole property, with full right of disposition in any manner whatsoever. I/we release, discharge, and agree to hold harmless MSSEF, its affiliates, subsidiaries, assigns, licensees, and designees, and all persons acting under its permission or authority, from any and all claims whatsoever in connection with the use of the Materials. I/we have read this Release and am/are fully familiar with its contents.

Signature [Signature] Date: 03/12/2016
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: VENKATA BHUPATIRAJU

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Behavior Contract

Each Participant is representing not only himself/herself, but also their local High School, Regional Science Fair, and the Massachusetts State Science & Engineering Fair. Therefore, for a safe and enjoyable trip, the following rules must be adhered to:

1. Each participant will be on his/her best behavior at all times. Insubordination, disrespect, or failure to follow the itinerary will result in disciplinary action.
2. Students **MUST** have a cell phone on their persons at all times during the trip along with the contact list for the delegation (if not already programmed into the device). *If there is any issue or change to existing plans, a chaperone must be contacted immediately.*
3. Each student must participate in all Intel ISEF organized activities during the trip. During these activities, students must check in at all pre-arranged times and locations. **NO EXCEPTIONS.**
4. Each student must stay in their assigned hotel room every night of the trip. No one outside the MA ISEF Delegation is allowed to be in an MSSEF room after curfew. Curfew is at 11:00pm. **NO EXCEPTIONS.**
5. The use of **alcoholic beverages** or any **controlled substance** is prohibited at all times. Offenders will be turned over to the proper authorities and be dismissed from the trip.
6. Participants caught **shoplifting** will be prosecuted to the fullest extent of the law.
7. Students are not allowed to operate a motor vehicle while on the trip. Students may only ride in a vehicle operated by a MA ISEF Delegation chaperone or a pre-arranged shuttle service for the entire group.

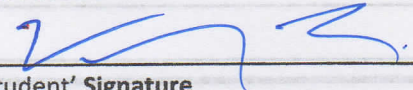
Disregard of these rules will result in the offender being turned over to the proper authorities and/or immediate dismissal from the trip. Parent(s)/Guardian(s) are responsible for all arrangements and costs for the student's release and transportation back to Massachusetts as well as any cost incurred by the chaperone.

We have read and agree to the rules of behavior as previously described above.



Parent's/Guardian's Signature

VENKATA BHUPATIRAJU
PRINT – Parent's/Guardian's Name



Student's Signature

Vivek Bhupatiraju
PRINT – Student's Name

Date of Signatures: 03/12/2016

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MEDICAL RELEASE FORM

Participant's Name: VIVEK BHUPATIRAJU Date of Birth: 07/04/2001Emergency Contact #1: VENKATA BHUPATIRAJU FATHER 603-546-8291

Name

Relationship

Phone

Emergency Contact #2: INDIRA BHUPATIRAJU MOTHER 603-320-6842

Name

Relationship

Phone

As the parent/legal guardian of VIVEK BHUPATIRAJU, I give my permission for medical treatment of my son/daughter named above if it is the opinion that he/she needs medical attention. This includes the dispensing of prescribed medications (see below) in addition to the following non-prescriptions if needed: ☒ Tylenol, ☒ Advil, ☒ Motrin, ☐ Imodium A-D, ☐ Pepto-Bismol, ☒ Benadryl, ☒ Cough Drops ☐ other: (please list) _____

Parent/Guardian Name (PRINT): VENKATA BHUPATIRAJUParent/Guardian (SIGNATURE): [Signature] Date: 03/12/2016Phone: Cell: 603-546-8291 Home: 781-652-9799

HEALTH HISTORY

Has your son/daughter experienced any of the following? NONE

Asthma <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Headaches <input type="checkbox"/>	Seizures <input type="checkbox"/>	Fainting/Syncope <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>
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☐ Dietary Restrictions: NONE☐ Allergies: (medical or food - please list) NONE☐ Current Medications: (please indicate if the student is responsible for proper administration) NONE

HEALTH INSURANCE INFORMATION

Name of Health Insurance Company: HARVARD PILGRIM HEALTHCAREInsurance Policy Number: HP2206120-03Group Number: 060022-0604,0005Policy Holder (Employer): FIDELITY INVESTMENTSEmployee Name: VENKATA BHUPATIRAJU****Please attach to this form a photocopy of both the FRONT and BACK of the Insurance Card**



Harvard Pilgrim
Health Care

HMO

ID#: HP2206120-03
Name: VIVEK A BHUPATIRAJU
Copay: \$0 ROUTINE CARE, \$5 ALLERGY INJ
\$20 OV PCP MH/SA, \$150 ER
\$40 SPECIALIST OV

Visit www.harvardpilgrim.org for plan details.

Notice to Members

- For Member Services, call: **888-333-HPHC (4742)**
- For Mental Health and Substance Abuse services, call United Behavioral Health at: **888-777-HPHC (4742)**
- In a medical emergency, go to the nearest emergency facility or call **911** or other local emergency number
- If hospitalized, notify your Primary Care Physician within 48 hours
- Call your Primary Care Physician for all other care

Please refer to your evidence of coverage for a full description of your benefits.

www.harvardpilgrim.org

Notice to Providers

- Out-of-area emergency services will be paid by the Plan
- In MA, ME, NH, CT, RI, VT: **800-708-4414**
or www.harvardpilgrim.org
Medical Claims: Payer ID: 04271
HPHC, PO Box 699183,
Quincy, MA 02269-9183
- Other States: **800-693-5254**
United Health Shared Services
Medical Claims: Payer ID 39026
Group Number: 11-123456
PO Box 30783, Salt Lake City,
UT 84130-0783 • www.uhis.com

UnitedHealthcare® shared savings
Options PPO Network MultiPlan

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