



MARINE & ENVIRONMENTAL SCIENCE SUMMER CAMP 2015



Forms due to khunsucker@fit.edu / DMES office no later than June 15, 2015

Camper Information, Waiver & Release Forms

1. MEDICAL INFORMATION:

Does the camper have any special dietary needs? Yes No (If yes, please explain)

Does the camper have any allergies? Yes No (If yes, please explain)

Does the camper have any medical condition or health problems we should be aware of?
Yes No (If yes, please explain)

Will the camper take any prescribed medication(s) or over the counter medication(s)
during summer camp program hours? Yes No (If yes, please explain)

In case of an emergency we will take your child to Holmes Regional Hospital or to the
nearest hospital. Please provide the following insurance information:

Insurance Company: _____ Account Number: _____

Address: _____ Phone Number: _____

Name of Insured: _____ ID: _____

I/We the undersigned, as parent(s) or guardian(s), authorize Florida Institute of Technology to transport and to obtain at our expense, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student identified herein, through the course of the summer program.

Agree

Disagree

Parent or Guardian Signature

Date



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2. SWIMMING AUTHORIZATION:

I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for our student, identified herein, to participate in swimming activities during the summer camp program. I/We understand that participation in any swimming event is done at our own risk. I/We will not hold Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named student in the course of such activities or such travel.

Permission Granted Denied _____
Parent or Guardian Signature Date

3. FLORIDA TECH COMPUTER NETWORK ACCESS:

Telecommunication network facilities, such as the Internet and the Florida Tech computer network access are to be used for the provided expanded learning opportunities for the students attending the summer program. The computer network access must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy may result in suspending or revoking the student's privilege of access.

The access of the Florida Tech computer network and the Internet is designed for educational purposes. However it is also recognized that it is almost impossible for the summer program instructors to restrict the access to all controversial materials and I/We will not hold them responsible for materials acquired on the network by the student identified herein during his/her participation in the computer activities of the summer program.

Permission Granted Denied _____
Parent or Guardian Signature Date



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Release Form

People Authorized to Pick Up Students Daily or at the End of the Camp:

Students must be picked up from the front of the Link Building. No unattended student will be dismissed to the parking lot under any circumstance. Please provide the following information for everyone authorized to pick up your child.

Name: _____ Relationship to student: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Name: _____ Relationship to student: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

NOTE:

A proper form of identification will be required to release a child to anyone other than parent(s) or guardian(s). To deviate from this form once the program is in session, a written, well-documented, and signed letter from the parent(s) or guardian(s) will be required. Program personnel will not release any student to anyone without proper authorization from the parent(s) or guardian(s) and without proper identification. Please, make sure you abide to this rule. There will be absolutely NO exceptions.

Camper Signature

Parent or Guardian Signature



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Prescribed & Over-The-Counter Medication(s) Authorization Form

I/We, as parent(s) or guardian(s) of _____, (student's name), give my/our consent to give the prescribed and/or over-the-counter medication(s) listed below to my/our child during the summer program, in the dosage and schedule given below. It is my/our understanding that at any moment during the hours of the summer program the student identified herein is NOT authorized to have in his/her possession prescribed and over-the-counter medication(s).

The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information. Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Admissions staff should be notified of any special medical needs to determine if the student can be accepted into the program. Students with contagious medical conditions will not be permitted to attend camp.

Physician Name: _____ **Phone Number:** _____

Address: _____

Authorized Prescribed Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Authorized Over-The-Counter Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Camper Signature

Parent or Guardian Signature

Date