



Summer STEM Permission & Medical Form

Student Name (Please print legibly)

Parent/Guardian Name (Please print legibly)

By signing above, I give my permission for my student to participate in the following Summer STEM event(s):

- ____ Camp FIRE @ Seneca Rocks, WV (day trips offsite included) June 14-18 (All day/night)
- ____ Nanopore Sequencing @ HHS June 23-26 (9:00am-11:30am)
- ____ Through the lens: Wildlife and water @ several locations (choose as many dates as you want to do)
June 25, July 7, July 9, and July 30th Times TBD (**circle** the dates you want to attend)
- ____ EMT course and Certification (Health care Juniors only) online and in person at Harrisonburg Rescue Squad *need to meet with Ms. Sabarre prior to be accepted into this program

***Please list any dietary restrictions the student may have:**

Please complete the following medical form information:

List all current medications and medical conditions the staff should know about:

PARENT/GUARDIAN INFORMATION

Work Phone: _____ Cell Phone: _____ Email _____

Student Cell Phone (if applicable): _____

Family Physician: _____ Office Phone: () _____

Insurance Company: _____ Policy # / ID #: _____

EMERGENCY CONTACT

Check here if same as above parent/guardian.

Name: _____ Relationship: _____

Work Phone: () _____ Home Phone: () _____ Cell Phone: () _____

READ AND SIGN THE FOLLOWING MEDICAL RELEASE:

The information provided in this document is correct so far as I know. I give permission to authorized personnel to carry out emergency diagnostic and therapeutic procedures as may be necessary for my child, and also permit such treatment procedures to be carried out at and by a local hospital/clinic for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Parent/Guardian Signature: _____ Date: _____

HCPS Governor's STEM Academy Directors: Please contact us with any questions and/or concerns.

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