

Cleveland State Community College – Summer STEAM Camp

Permission Slip and Release

Please fill out the following information fully and completely:

1. Camper Information:

Camper's Full Name:	School Enrolled in:	Age/Grade Level:
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2. Contact Information: During the sessions, parents/guardians can be reached

Parent/Guardian Full Name	Relationship	Day Phone	Cell Phone
Parent/Guardian Full Name	Relationship	Day Phone	Cell Phone

3. Additional Contact Information: If the parents/guardians CANNOT be reached in an emergency, please contact:

Full Name	Relationship	Day Phone	Cell Phone
Full Name	Relationship	Day Phone	Cell Phone

4. Authorized Pick Up: I authorize the person(s) listed below to pick up my child from the camp in addition to the parent/guardian:

Full Name	Relationship	Day Phone	Cell Phone
Full Name	Relationship	Day Phone	Cell Phone

****Please note that a photo ID will be required to pick up your child****

5. Medications & Allergies:

Please fill out the attached 'Camp Medication Form' if your child requires any over-the-counter or prescription medication while attending camp.

Please list any food or medication allergies your child has:

As parent/guardian having legal custody of the above-named child, I give my permission for my child to attend camp and to participate in all activities.

I have instructed my child in the importance of abiding by the camp's rules, regulations and procedures for the safety of camp participants.

Media Release: Cleveland State Community College has my permission to use photographs, video and/or audio recording of my child for public relations purposes ____Yes ____No ____Initials

Signature of Parent/Guardian	Printed Name	Date
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Camp Medication Form

Camper's Full Name: _____ Date of Birth: _____

Over-the-Counter Medications: All over-the-counter medications will need to be provided by the parent or guardian in the original container. This will include medications, such as; Tylenol, Advil, cough drops, and topical medications (i.e. Neosporin, hydrocortisone cream).

Over-the-counter drugs will require written consent and instructions from a parent or guardian. Please note, if you are going to ask us to administer more than the recommended dosage on the medication label, this will require a medical order from a licensed health care provider. To ensure that your child has the medications you desire them to have at camp, you may want to send their own containers to be securely stored on campus while the camp is in session.

Prescription Medications: Prescription medications will require written instructions on the container and written consent from the parent or guardian. The written instructions should include under what circumstances the drug is to be administered to the student. The medication must be in the original container with the student's name, medication name, and dosing instructions on the container. The medicines are to be turned in to a staff member during the check-in process. Students should not keep medications with them.

Please bring any medications in a clear zip-lock bag with the child's name and date of birth written on the bag and give it to camp official.

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

Amount of medication brought to Camp: _____

Signature of Parent/Guardian _____ Date: _____

Date & amount of medication returned to Parent: _____