

Summer Engineering Academy Medical Authorization and Emergency Contact Form

Student Information

Name _____

Gender Male Female _____ Date of Birth _____

Address _____ City, State, Zip _____

Telephone _____ Email Address _____

Parent / Guardian Information

Mother's Name _____

Mother's Home Address _____

Mother's Home Phone _____ Mother's Work Phone _____ Mother's Email and/or Cell Phone _____

Father's Name _____

Father's Home Address (IF different from Mother's) _____

Father's Home Phone _____ Father's Work Phone _____ Father's Email and/or Cell Phone _____

Alternate, non-guardian emergency contact Information

Contact Name _____ Relationship to Student _____

Home Address _____

Home Phone _____ Work Phone _____ Email and/or Cell Phone _____

Medical / Health Plan Information

Is the student covered under a health care or medical insurance plan? Yes No

If yes, attach copy of BOTH SIDES of insurance card.

Name of Policy Holder _____

Name of Insurance Plan _____

Insurance ID# _____ Group # _____

Name of Family Doctor _____

Address of Family Doctor _____ Phone Number of Family Doctor _____

Please specify any disability or health conditions that may require special equipment/accommodations such as **mobility, wheelchair, vision, hearing, diabetes, asthma, allergy**, etc. (write on reverse or attach additional sheet of paper if necessary)

Please indicate which medications, prescription or over-the-counter, the student takes on a regular basis (write on reverse or attach additional sheet of paper if necessary)

I give permission for my son/daughter to attend the Summer Engineering Academy at the University of Arizona. I understand that the student will NOT be insured under University policies and I agree to assume full responsibility for accident and medical expenses. I give permission for the Summer Engineering Academy Director or his representative to arrange emergency medical care in the event of an accident or illness and hereby grant permission to any licensed medical doctor or nurse to render treatment as deemed necessary.

Signature of Parent/Guardian _____ Date _____



SUMMER ENGINEERING ACADEMY CODE OF CONDUCT

The Summer Engineering Academy at the University of Arizona is committed to providing a safe, fun, and healthy learning environment for all students involved in the camp.

Participants of the Summer Engineering Academy are expected to abide by the regulations, listed below:

Electronics

1. No laptops or tablets are to be used during camp. If these devices were brought to be used during travel, they should be checked in with the Head Counselor upon check-in to the camp. No laptop or tablet should be brought into or used in the Residence Hall room.
2. Cellphones are permitted to be used on a limited basis. Cellphones will be checked-in and kept in a phone storage area during all activities.
3. Cell-phones will be permitted for use during breaks during the day and to keep in contact with parents and/or guardians, as needed.
4. No photography of another person should be taken or distributed without their consent.

Supervision

1. Campers will be accompanied by counselors or staff at all times. Participants should not leave the property or group without prior notification and authorization from program staff.
2. No guests are to be hosted in University-owned or University-provided overnight accommodations.
3. Lights out at the residence halls is at 10:00PM.
4. Campers must obey by all policies as outlined by UA Housing & Residential Life.

Schedule

1. Campers are to be responsible for being on-time to all activities. This includes, but is not limited to: meals, daytime activities, field trips, and evening activities.

Behavioral

1. Campers must use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in removal from the event, activity, or the Summer Engineering Academy entirely. Any concerning behavior should be reported immediately to SEA counselors/staff.
2. Campers are expected to use all University property and materials appropriately. Charges may be incurred due to misuse or damage.
3. Appropriate dress, as directed by program staff, is required, including the use of safety gear when necessary.
4. Campers should interact respectfully and appropriately at all times with peers, counselors, and UA faculty/staff.
5. The following items are prohibited: tobacco, alcohol, illegal drugs, illicit materials, and weapons.

Student Name Printed

Student Signature

Date

Parent Name Printed

Parent Signature

Date



UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED STUDENTS

IMAGE RELEASE

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

I am the parent or legal guardian of _____ ("Student"). On behalf of the Student, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, video, or digitally recorded images (collectively "images") taken of the student while participating in the **Summer Engineering Academy** activities, for use in University publications such as recruiting brochures, newsletters, and magazines, and to use such images on display boards, or electronic versions of the same publications, or on University websites, or other electronic forms or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me.

I waive any right to inspect or approve the finished images or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images.

I agree to release and hold harmless the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composition form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Parent Name Printed

Parent Signature

Date



**UNIVERSITY OF ARIZONA POLICY ON INTERACTIONS WITH NON-ENROLLED MINORS
MINOR SELF-TRANSPORT AUTHORIZATION FORM**

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

I, (Parent/Guardian Name) _____, being the parent and/or legal guardian of
(Child's name) _____, do hereby give my consent for the above named minor child to sign them
self in and/or out of and/or transport themselves to and/or from **SUMMER ENGINEERING ACADEMY**.

I understand that after my child signs out, the University of Arizona will be under no obligation to supervise my minor child and will not be supervising my minor child. I understand that there are certain risks of injury inherent in a minor child signing out him/herself leaving the University of Arizona campus and travelling to another destination without adult supervision, and I am willing to assume these risks on behalf of my child. Such risks may include, without limitation, criminal acts of third parties, road/traffic safety hazards, and my child not following my instructions on where to go. I represent and warrant to the University of Arizona that I have instructed my/our child on safe practices and discussed how and where my child is to go after he/she signs himself/herself out of camp and that, as the child's parent/legal guardian, I am of the opinion that my child is old and mature enough to sign him or herself out of his/her program.

On behalf of myself and my child, I hereby unconditionally and irrevocably release, hold harmless and agree to fully indemnify the University of Arizona from and against any and all lawsuits, claims, demands, actions, suits, causes of action, liability, losses or damages, and any fees/ expenses/costs, of any kind whatsoever (including attorneys' fees and costs), whether known and unknown, that may arise from or are related to my child signing him or herself out from the program without an adult and his/her/their departure from the University of Arizona and traveling to another destination without adult supervision.

By signing below, I acknowledge that I have carefully read, understand, and voluntarily agree to the above assumption of the risk, release, waiver, indemnity and other terms of this University of Arizona Minor Self Transportation Release Form.

Parent Name Printed

Parent Signature

Date



**UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED STUDENTS
PARENTAL/LEGAL GUARDIAN DISCLOSURE OF ONE-ON-ONE
INTERACTION WITH A STUDENT**

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

SUMMER ENGINEERING ACADEMY

The above-named program or activity may involve one-on-one interactions with your child as follows:

1. Emergency Situations
2. Student getting separated from the main group

Please complete the following regarding your child's participation in this program or activity:

I understand that the above-named Program or activity may involve one-on-one interactions with my child and, by signing below, I authorize my child to participate.

Parent Name Printed

Parent Signature

Date



PARTICIPATION AGREEMENT AND WAIVER FORM

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

PARTICIPANT AGREEMENT AND WAIVER

I understand that my child's participation in the Program is voluntary and that as a condition of my child's participation, I agree to comply with all Program requirements including, but not limited to: (a) accurately completing all registration forms in a timely manner, (b) ensuring that my child is aware of the Program's standards of conduct; (c) and immediately notifying the Program Administrator of any concerns related to the health, safety or security of my child, other participants, or Program staff. I understand that as part of my child's participation in the Program that there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss.

I further realize that participating in the Program may involve risks and dangers, both known and unknown, and I have chosen to allow my child to take part in the Program. Therefore, I, and on behalf of my child, have determined that it is reasonable to accept all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program and I do voluntarily accept and assume those risks. I release the University of Arizona, its Board of Regents, Administration, Faculty, Staff, Graduate Students, and all other officers, directors, employees, volunteers and agents from any claims or liability arising from my child's participation in the Program, provided that such claim is not due to the gross and sole negligence of the released parties.

In the event of an accident or serious illness, I authorize representatives of the University to obtain medical treatment for my child. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Activity. I also agree to indemnify the University and all of its employees and agents from any financial obligations or liabilities that my child may cause while participating in the Program, including attorney's fees and court costs resulting from his/her misconduct, errors, or omissions. I acknowledge that University employees have undergone criminal background checks, but other participants of the event may not have undergone background check screening. As such, the University makes no assertions or assurances with respect to other participants.

TRANSPORTATION AUTHORIZATION

I give permission for the University of Arizona to provide transportation of my child as a participant in the program, to and from all events under the supervision of program staff. I understand that University of Arizona leased vehicles will be used to transport my child to I agree that the terms and conditions of this Agreement are binding on my representatives, heirs and assigns.

Parent/Guardian Name

Parent/Guardian Signature

Date



SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION FORM

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

This form must be completed fully in order for participants to self-administer required medication. Our program requires that a written emergency care plan must be on file that is "prepared by a licensed physician in collaboration with the minor child and the minor child's legal parent or guardian, and that is updated as necessary for changing circumstances." A new medication administration form must be completed for each camp attended by the participant, for each medication, each time there is a change in dosage or time of administration of a medication and/or at three month intervals. Self-medication requires licensed health care authorization and signature, and parent signature.

- My child does not need to take any prescription medication while at the Program.
- My child will need to take prescription medication while at the Program.
- My child needs to keep this medication with him/her at all times for emergency care.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. The label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only standard dose vials or the amount required for the time the participant will be attending the Program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICINE

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.):

Time/Frequency of administration: _____

If as-needed, for what symptoms? _____



SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION FORM

Relevant side effects: _____

Medication shall be administered from: _____ (date) to _____ (date)

Special Storage Requirements: _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____

Address: _____

Telephone: Fax: Email: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature

Date

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician or other health care provider. I indemnify and hold harmless the Camp Staff, the University of Arizona, and the University's employees and agents against any claims that may arise relating to my child's self-administration of the prescribed medication(s).

Parent/Guardian Name

Parent/Guardian Signature

Date



OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

PROGRAM/CAMP INFORMATION

Date(s) Attending: _____ Program/Week Attending: _____

PARTICIPANT INFORMATION

Participant's Name: _____ (hereafter "Participant")

Participant's Age: _____

Select Over-the-Counter (OTC) medication may be administered, if we have written permission from the Participant's parent or guardian. Note: Unless we have parental authorization, we will not administer ANY medications or make OTC medications available to participants unless necessary as part of general first-aid treatment.

I give permission for the Program staff to administer the following medications to my Participant consistent with medication directions, if the need arises.

Check all that apply.

- Actifed or Sudafed as directed for nasal congestion and allergy relief
- Benadryl for swelling, hives, allergic reaction
- Bug repellent
- Calamine lotion for bug bites and poison ivy
- Hydrocortizone cream for mild skin irritations, poison ivy and insect bites
- Ibuprofen
- Kaopectate or Immodium for diarrhea
- Medicated lip ointment for dry, chapped lips, lip blisters or canker sores
- Medicated powder for skin irritation Micatin or anti-fungus treatment for athlete's foot
- Milk of Magnesia for constipation
- Ointments for minor wound care, such as an antiseptic, anti-itch, anti-sting, antibiotic or sunburn cream
- Pepto Bismol or Mylanta for upset stomach or nausea
- Rolaids or Tums for acid reflux, heartburn or indigestion
- Sunscreen Swimmer's ear drops
- Throat lozenges and or spray for sore throat
- Tylenol/Acetaminophen
- Visine or other eye drops for minor eye irritation

Other (list any other approved over-the counter drugs) : _____

Do not provide Participant with any OTC that contains the following: _____





OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

I understand that these over-the-counter medications are not necessarily kept on-hand and available to be administered immediately. Camp staff will use generic equivalents when available for the name-brand over-the-counter medications listed above. I understand that the administration of OTC medication will not be done under the supervision of medical personnel.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined OTC treatment will be followed-up by a consultation with the Participant's parent/guardian. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked. I authorize the administration of checked OTC medications to my child as indicated above and general first aid treatment.

Parent/Guardian Name

Parent/Guardian Signature

Date

