Expedition MOST II

500 S. Franklin St., Syracuse, NY 13202
Phone (315) 425-9068 x2148 Fax (315) 425-9072

Thank you for your interest in our Expedition MOST II, our April break camp!

A $50 deposit is due upon camp enrollment. Once the $50 deposit is received, a camp space will be held for your child, but this paperwork must be completed by April 7, 2017, to ensure the space will be kept. Full payment is due before the start of camp.

Please return this packet by April 7 by mail, email, or fax to:

Mail:	**Email:**	**Fax:**
Attn: Angela Gaige 500 S. Franklin St. Syracuse, NY 13202	Angela Gaige agaige@most.org	Attn: Angela Gaige (315) 425-9072

If you have questions, contact Angela Gaige at agaige@most.org or (315) 425-9068 x2147

This Enrollment Packet includes:

OFFICE USE ONLY

Camper:

Session:

Registration fee received:

Balance of:

HEALTH AND PERMISSION FORM

Please Complete One Form for Each Camper

Camper's Name: _____

Allergies: Please list any allergies or food restrictions: _____

_____

Health Conditions: Does your child have any health, mental health, or medical conditions that will affect his or her participation in camp activities?

_____

_____

Medications*: _____

_____

*Please note: If your child must take medication during the camp day or carry an inhaler or EpiPen, you **must** contact Angela at (315) 425-9068 x2147 to create an individual plan. Additional release form required.

Physician_____ Phone _____

Dentist_____ Phone_____

Immunization Records: Please attach a copy of your child's most recent immunization record. Or you can ask your doctor's office to fax them directly to the MOST at (315) 425-9072 Attn: Angela Gaige.

☐ I will request that the doctor's office fax the forms to the MOST.

EMERGENCY CONTACTS

In the event of an emergency, we will call the numbers below in the order they are listed. **If you would like us to contact you first, please include your own contact information at the top of the list.**

1. Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2**: _____

2. Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2**: _____

3. Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2**: _____

4. Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2**: _____

CAMPER PICKUP

Please list the names of all of the people who have permission to pick up your camper, ***including primary guardians***. This list will be given to the camp staff and we will not release your child to anyone who is not on this list without prior written permission. **You will be expected to provide identification when picking up the child.**

_____

_____

_____

_____

PERMISSION FORM AND PHOTO RELEASE

I give permission for _____ (child's name)

- To receive emergency medical treatment in the event that injury or illness should occur during his or her participation in program activities, after program staff has made every reasonable attempt to contact me and/ or other legal guardians.

- To participate in program related activities conducted at the MOST February Science Camp, I hereby release, indemnify and hold harmless the MOST from any and all liability in respect to any loss, damage, or claim of any nature whatsoever arising out of or in any way related to my child's participation in the MOST February Science Camp program, provided that such loss or damage was not caused solely by the fault or active negligence of the MOST or its staff.

PHOTO RELEASE: The MOST would like to record camp activities for educational and publicity purposes. If you **DO NOT** wish us to take and publish photographs, film, tape, and images of your child, please write your initials here: _____

Signature: _____ Date: _____

Name (print): _____

CONFIDENTIAL CAMPER INFORMATION SHEET

It is important that we know all your camper's needs and information in order to provide the best possible experience at camp. Please take a few minutes to share any information that will help us understand your child's needs. This confidential information will be shared only with staff members that work directly with your child.

Camper Name:_____

Please share any important family or other information that might affect your child's experience at camp, including learning disabilities, behavioral issues, etc.

_____

_____

_____

_____

Please list any conditions that may affect your child's participation in camp activities.

_____

_____

_____

Are there any accommodations that we can provide to help your child have a great camp experience?

_____

_____

_____

MEDICATION FORM

Child's Name: _____ Age: _____

For a child with prescribed inhalers:

I, _____ request that my child's inhaler be kept with the camp director at all times during the operation of camp. I request that my child's inhaler be self-administered by my child at the time that it is needed or camp staff may have to administer it with a spacer. The time will be noted by the director when the medication was taken._____ (Initial Here)

For a child with a prescribed EpiPen:

I, _____ request that my child's EpiPen be kept with the camp director at all times during the operation of camp. I request that my child's EpiPen be self-administered by my child. In the case where the child may not be able to administer the EpiPen, I give my consent for the trained Camp Director to administer the EpiPen. In the event that the EpiPen is administered, 911 and the parent or guardian will be called. _____ (Initial Here)

For a child with prescribed medication:

I, _____ request that my child's medication be kept on the camp premises at all times during the operation of camp. I request that my child's medication be provided to my child close to the designated time for their dose. The camp director will note the time that my child took their medication._____ (Initial Here)

Designated time: _____
Designated dose: _____

Important: A Medical Doctor's release form is required. Please check one:
Form is enclosed _____ Doctor will Fax the Form _____

Child's medication: _____

All medications must be in original containers and clearly labeled with your child's name.
I certify that my child is capable of proper self-administration (of inhaler, EpiPen, or medication) and understand that my child's physician has given consent for my child to self-administer this medication. I agree to the procedures outlined and will not hold the Milton J. Rubenstein Museum of Science & Technology responsible for any situation that may arise in compliance with these procedures.

Guardian Signature:_____ Date: _____