

# VETERINARY & BIOMEDICAL SCIENCES SUMMER CAMP-2018

## REGISTRATION FORM

### When:

**Residential camp:** June 24 (Sunday)-June 29 (Friday), 2018

**Commuters:** June 25 (Monday)-June 29, 2018

*In order to get personal attention in the hands-on laboratories, we limit the number of students to 24 for this camp. Therefore, we encourage you to apply sooner than the application deadline (June 1, 2018) to ensure your spot in the program. Acceptance for the program will be on a first-come first-served basis and completeness of your application which includes your program payment—**see page #6**. This program fills up quickly thus you may want to act sooner rather than later! Please read the registration form carefully, and sign and initial your names where appropriate.*

**Registration deadline: June 1, 2018**

### **STUDENT INFORMATION:**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth (mo/day/year): \_\_\_\_\_  Female  Male

Name of your High School, including city, state (*required*): \_\_\_\_\_

Your grade level in the fall of 2018 (mark only one) : \_\_\_\_\_ ( 11th grade) \_\_\_\_\_ (12<sup>th</sup> grade)

Home address (complete street address with number, street, city, state, and zip code)—*required*

E-mail address for the student (*this will be utilized for follow up correspondences, please print legibly*)—*required*

Cell phone number including area code: \_\_\_\_\_

Home phone number including area code: \_\_\_\_\_

Camp shirt size:  S  M  L  XL  XXL

Indicate if you are registering for:

Day Camp

Residential Camp

**Demographics:** *(confidential information which will not be shared with anyone or published anywhere)*

American Indian/ Alaskan native       African American       Asian American/Pacific Islander  
 Hispanic/ Puerto Rican       White American (non-Hispanic)       Foreign National  
 Other

**Please indicate** how you found out about the camp? (e.g. *.website, brochure in the mail, from your school, or other means*): \_\_\_\_\_

**Student’s Career Goals:**

- Please provide us a page of your career aspirations and your expectations from this camp program (*please type it on a separate page and include in the registration packet*).
- Please provide us a recommendation letter from one of your math or science teachers which **should be sealed** and included in the packet.

**PARENT/GUARDIAN INFORMATION:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial

Daytime phone: \_\_\_\_\_ Home/cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Drop—off and Pick up:**

Student participants will not be released to anyone not designated by the parent/legal guardian. Names(s) of person(s) who will be dropping off and picking up the student participant at the beginning and at the conclusion of the program (residential campers) and each day for the day-campers.

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**The following health information is just as important. Please read it carefully and provide all of the information that you are asked for.**



# Penn State University Youth Program Health Services Medical Treatment Authorization

**This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any program activities.**

### Personal Information

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

Specify program your child will be attending: "**Veterinary & Biomedical Sciences Camp**" \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Plan Number \_\_\_\_\_ Is physician authorization needed?  Yes  No

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **In case of emergency, please notify**

If neither parent nor guardian is available in an emergency, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

### Health History [Please check and provide approximate dates that youth suffered from allergies and other conditions listed below]

#### Allergies

Hay Fever  Bee/Wasp Stings  Insect Stings  Penicillin  Peanut  Other Food/Drugs: \_\_\_\_\_

#### Other

Asthma  Diabetes  Convulsions  Concussion  Behavioral/Emotional  Other: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Please list any **major** past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any **major** operations or serious injuries (include dates): \_\_\_\_\_

Has the youth ever been hospitalized? \_\_\_\_\_

Does the youth have any chronic or recurring illness? \_\_\_\_\_

Is there anything else in youth's health history that the program staff should know? \_\_\_\_\_

Are there any activities from which the youth should be restricted? \_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_

Does the youth have any special dietary restrictions?  NO  Yes If YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?  NO  Yes If YES, explain: \_\_\_\_\_

Will the youth need to take any medication during the program?  NO  Yes

**If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.**

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
1		
2		
3		
4		

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

**Penn State University Youth Program Health Services Medical Treatment Authorization Page 2**

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

- The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.
- All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.
- All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications **ONLY**. Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections). Penn State Youth Program staff will **NOT** purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.
- If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.
- If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications if necessary, **ONLY** upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.
- It is NOT permissible for a participant to share any medications with any other participants.
- It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

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**I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.** I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill if a claim can't be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

**HIPAA**

Penn State honors the privacy of the participants in its Programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices.  
<http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml>

\_\_\_\_\_  
Parent/ Legal Guardian Name (please print)

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\* Terms and Conditions agreed to via electronic signature

Date: \_\_\_\_\_

**For all campers:**

1. I am the parent and/or the legal guardian of \_\_\_\_\_ and attest that the student is my legal dependent \_\_\_\_\_ (please check here)
2. Special issues that the program directors and instructors should be aware of (diet restrictions, learning challenges, behavioral challenges, etc.). You need to contact the Program Coordinator in advance by e-mailing or calling about these circumstances.
3. I also authorize the program assistants and program coordinator to photograph my child for promoting this program next year \_\_\_\_\_
4. I give permission for my daughter/son to reside in University housing (*for residential camp participants only*) \_\_\_\_\_
5. I understand that I am responsible for property damage incurred by my daughter/son, as well as lost unreturned key(s) replacement fees (*residential camp participants only*) \_\_\_\_\_
6. Penn State and/or the Veterinary and Biomedical Sciences (VBSC) Camp counselors and/or program staff are NOT responsible from loss of any of your valuables while you participate in the VBSC Camp Program: money, jewelry, iPod, MP3 players, cell phone, etc., and any personal items that you may choose to bring. Thus it is a good idea to bring a back pack to place your valuables and carry them with you at all times if applicable. **Please you and your parent sign the following line:** \_\_\_\_\_  
\_\_\_\_\_
7. The Program Coordinator has the authority to release your daughter/son anytime during the course of the program for disruptive and/or unacceptable behaviors in an extent that will prevent others from learning. In this kind of case, there will be NO-refund of the program fee to you.

**Program cost:**

- Day-Camp Option price: **\$575** (June 25-June 29)
- Residential Option price: **\$775** (June 24-June 29)

Prices include room and all meals for the residential campers and daily lunch for the day-campers, Instructor and laboratory fees, T-shirt, transportation on/off campus, off campus activity fees, and program materials. The first meal for the residential campers starts on **Sunday June 24' 2018** with dinner.

**Payment:** please send a check or money order along with your registration form to the following address. **Please also make check or money order payable to PENN STATE.** We are also set up for credit card charges. Please contact Ms. Karen Brown to discuss this option at 814-865-5630. Mailing Address:

Ms. Karen Brown,  
Veterinary and Biomedical Sciences Camp,  
The Pennsylvania State University  
115 Henning Building,  
University Park, PA 16802-3500

**Cancellation Policy:**

**Cancellation by Penn State:** The University may cancel or postpone any course or activity because of insufficient enrollment or other unforeseen circumstances. If the Camp program is canceled or postponed, the University will REFUND registration fees but cannot be held responsible for any other related costs, charges, or expenses, including cancellation/change charges assessed by airlines or travel agencies.

**Cancellation by you:** All cancellations must be received in writing by e-mail ([kbs10@psu.edu](mailto:kbs10@psu.edu); or fax (814-863-6140). Refunds, minus an administrative fee of \$50 for the Residential Camp and \$30 for Day Camp participants, will be made for cancellations received **thirty days prior (May 25, 2018) to the first day of camp (June 24)**. Refund requests made after that time will not be honored.

**Additional information on Directions, Parking, and Housing will be communicated to you via your student's and parent's emails closer to the camp dates! So Stay Tuned!**