

VETERINARY & BIOMEDICAL SCIENCES CAMP-2015

REGISTRATION FORM

When:

Residential camp: June 21 (Sunday)-June 26, 2015

Commuters: June 22 (Monday)-June 26, 2015

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 (May 22, 2015) 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).

Please read the registration form carefully, and sign and initial your names where appropriate. You will find all the useful information either in this registration form and/or on our VBSC-Camp website: <http://vbs.psu.edu/youth/vbs-camp> prior to the camp program week.

Registration deadline: May 22, 2015

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 2015 (mark only one) : _____ (11th grade) _____ (12th grade)

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

E-mail address (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

*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.

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

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: _____

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.

<i>Medication</i>	<i>Reason(s) for Medication</i>	<i>Daily Dosage/Time(s) Taken</i>
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.

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: _____

*Revised January 21,
2015*

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: \$550 (June 22-June 26)
- Residential Option price: \$700 (June 21-June 26)

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 21st.

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 Scott to discuss this option at 814-865-5630. Mailing Address:

Ms. Karen Scott

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; 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 to the first day of camp**. Refund requests made after that time will not be honored.

ALL PENN STATE SUMMER PROGRAMS

STANDARDS OF CONDUCT

The following policies and guidelines have been developed to help you gain the maximum benefit from your summer camp experience at Penn State. If you have questions about them, please talk to one of your program assistants or program coordinator.

Failure to observe these standards may result in expulsion from camp. **Any student dismissed from camp for disciplinary reasons, and the reasons indicated in page 5 will NOT receive a refund.**

General policies:

- Participants are to report on time to all scheduled activities.
- Participants are required to participate in all scheduled activities. Only a camp staff member may grant permission to be excused.
- Courteous and respectful behavior is expected at all times to all camp staff and participants.
- Participants are not permitted to leave the activity areas or go off campus unless accompanied or granted special permission by a camp staff member.
- Shirt and shoes must be worn for all activities during the program. **In fact we ask you to bring a pair of closed-toe shoes to participate in the outdoor and lab activities.**
- Misuse or damage of University property is unacceptable. Charges will be assessed against participants responsible for damaged or missing university property.
- Cell phones may not be used/on during class or lab or special sessions.

Dismissal:

Please keep in mind that during their stay at Penn State, campers are representing themselves, family, school, and community. While unacceptable conduct is not anticipated from participants, the University is prepared to deal with situations involving inappropriate behavior and behaviors that prevent others from learning. Penn State maintains the right to dismiss any student for improper conduct. Any student dismissed from the institution will not receive a refund. A parent/legal guardian will be notified immediately and expected to pick up the participant.

Residence Halls:

- You must abide by the following Residence Hall Regulations which prohibit the following:
 - Possession and use of alcohol, tobacco, or other drugs
 - Possession of fireworks, guns, and other weapons
 - Stealing
 - Violence of any kind (this includes sexual harassment)
 - Smoking (smoking is prohibited in ALL University Buildings)
 - Leaving the resident hall after 11:00pm

- Overnight guests (NO overnight guests are allowed)
 - Hazing of any kind
- Females and males are housed in separate buildings/floors and are NOT allowed in room visitation. Visiting may take place in the building lobby lounges only during approved hours specified by program staff;
 - Lock your room and keep your key with you at all times. If you lose your key, report the loss immediately to a camp staff member or the Common's Desk. A replacement key will be issued at an **additional cost of \$75 which will be your responsibility.**
 - If you are ill, see one of the program staff or camp coordinators immediately and you will be taken to the University Medical Center or Mount Nittany Medical Center.
 - Noise levels (including stereos) must be kept at a minimum. Quiet hours run from 10:30pm to 7:00am.

Dining Halls:

- A meal card, issued at registration, will admit you to the dining hall for each meal (lunch for day-camp participants)
- A shirt and shoes must be worn in the dining halls
- Participants are expected to be courteous to dining hall personnel
- If you lose your meal card, report the loss immediately at the Common Desk for a replacement.
- Although the camp director notifies the dining hall manager about food allergies, you need to be proactive of your food allergy(ies) and let your camp counselors know about it. Please also ask the manager on site if you think that your food contains the particular food ingredient that you are allergic to. Thus, we ask you to be VIGILANT about your allergies.

Parking:

Parents/Guardians: if you are dropping your student, check-in will be in Findlay Commons: thus you might want to park your car and bring your student's belongings to the check in desk: <http://www.campusmaps.psu.edu/explore/easthalls.shtml>; Therefore we highly recommend that you park on East Parking Deck on Bigler Road (find Bigler Road on the left side of this map shown on page #10 and the East Parking Deck is colored in light blue—partially shown, and located right before Food Science Building). You would be charged by the hour which is \$1 and CASH ONLY).

- For other parking needs, please check out the following link (in case if your student driving herself/himself: <http://www.transportation.psu.edu/transportation/parking/>). Our program and office is NOT responsible from parking issues and/or questions. **Once your student parks her/his car you may not drive from/to any of the program activities during the camp.**

Location and Accommodations:

The Penn State residence halls are an ideal lodging location for youth programs. Housing, Food Services, and Residence Life offers a secure and friendly environment for youth. The residence hall community also offers an excellent atmosphere for fun, learning, and growth.

Each floor is gender-specific, and each building is normally assigned to only one gender. The VBSC Camp coordinator is providing 4 counselors for 24 high school participants. Your counselors will be students majoring in the VBSC Undergraduate Program.

All residence hall areas have television lounges and pay laundry facilities. Pay phones are available in the commons areas. Rooms are NOT air conditioned.

- **What's Provided:** Bed linens
- **What to bring:**

A pillow and pillowcase
Clothes hangers
Flip flops for the showers
Swim suit (optional)

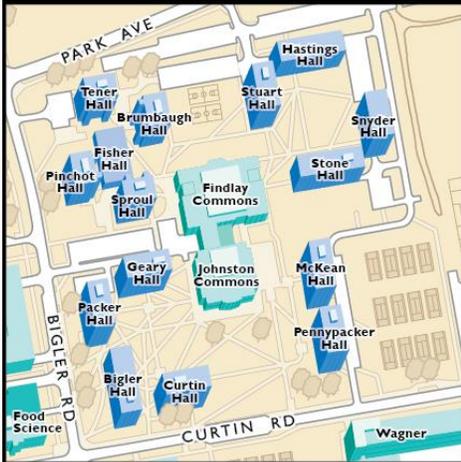
Blanket
Portable fan
Other personal items
A pair of closed toe shoes

Towel(s)
Alarm clock
Back pack

- Roommates are randomly assigned unless you made a prior arrangement to room with someone you actually know. Thus, you will not be permitted to switch rooms or roommates.
- **Each hall has twenty-four-hour door-card access for assigned residents. Only residents can access the hall. The doors are always locked.**

*****Because the security and safety of youth participants are important, youth attendees must be in their assigned residence halls by 11:00 p.m. University student auxiliary police monitor the residence halls and surrounding areas overnight.*****

- Lock your room at all times. If you lose your key, report the loss immediately to one of your camp counselors. A replacement key will be issued at **an additional cost** of \$75 and it will be your responsibility. Make sure to leave your key with the camp program staff during the check-out.
- **Where to Check-in:** Findlay Commons: please see the map
 - **RESIDENTIAL CAMPERS:** check-in is between 2:00pm and 5:00pm on June 21, 2015. Thus you need to park your vehicle in the East Parking Deck: <http://www.campusmaps.psu.edu/explore/easthalls.shtml> ; and bring all her/his belongings to the check in desk in the Findlay Commons. Please find Bigler Road on the left side of this map; and the East Parking Deck is colored in light blue—partially shown, and located right before Food Science Building. You would be charged by the hour which is \$1 and CASH ONLY).



- **DAY CAMPERS:** check-in at 8:00 am on June 22, 2015 by reporting to 115 Henning Building.

Travel:

- **By car:** The Penn State University Park campus is located in the center of the state, at the intersection of Interstate 99/Route 26 and Route 322, fifteen miles south of Interstate 80, and is within driving distance of many major cities, including Harrisburg (1.5 hrs., 90 mi.), Pittsburgh (3 hrs., 137 mi.), Philadelphia (3.5 hrs., 194 mi.), Baltimore (3.5 hrs., 155 mi.), Washington, D.C. (4 hrs., 190 mi.), New York City (5 hrs., 250 mi.), and Toronto (6.5 hrs., 304 mi.).
- **By air:** The State College/University Park Airport is located near the University Park campus. Call 814-865-5511 or visit <http://www.UniversityParkAirport.com> for information on flights.

See <http://www.psu.edu/ur/visitors.html> for detailed visitor information, including maps.

WELCOME, AND ENJOY YOUR STAY HERE AT PENN STATE!