

# Marine Biology Camp Participant Information Form #1

## ACCEPTABLE BEHAVIOR POLICY

It is important to **Levittown Public Schools** that all campers receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language. ANY behavior deemed to be detrimental to or in violation of Marine Biology Camp standards will be dealt with by the staff and/or Director. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another camper or staff member, bullying or any form of aggression.

Any situation that involves distracting other participants or disrupting camp activities will not be tolerated. It is important to remember that there are NO REFUNDS if a child is asked to leave Marine Biology Camp due to unacceptable behavior. By paying your registration fee in full, you signify that you understand and agree to, the Acceptable Behavior Policy.

I have read and will abide by the Marine Biology Camp rules. I understand that Marine Biology Camp staff have the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

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Child Signature

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Parent/Guardian Signature

## PARTICIPANT INFORMATION FORM

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Child's Name

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Date of Birth

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Program Location

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City and State

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Grade Level Next Fall

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Parent/Guardian Name

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Street Address

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City, State and Zip Code

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Parent/Guardian Home Phone Number

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Parent/Guardian Work Phone Number

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Parent/Guardian Cell Phone Number

## PHOTOGRAPHY RELEASE

I authorize the **Levittown Public Schools** to obtain, store and/or use (without payment) any photographs, slides and/or videotapes of my child for public relations, marketing/advertising and/or internal training purposes.

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Parent/Guardian Signature

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Date

## LIABILITY WAIVER

**MUST** be signed in order for your child to participate.

I am the parent/legal guardian of ("child"). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my Child's participation in the Marine Biology Camp program (the "Marine Biology Camp Program"). I hereby release, discharge **Levittown Public Schools**, its affiliated organizations, employees and associated personnel including the owners of the camp facility against any and all claims, liabilities and/or damages as a result of my Child's participation in the program, including but not limited to, any claim that the program was negligent. I further agree to defend and indemnify **Levittown Public Schools**, its affiliated organizations and employees and associated personnel if any claim is made against them by or on behalf of my Child. I understand that my Child will not be permitted to participate in the Program without my signing this Agreement.

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Parent/Guardian Signature

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Date

# Marine Biology Camp Participant Information Form #2

## ALTERNATIVE CONTACTS/ TRANSPORTATION ARRANGEMENTS

In the event of an emergency, I authorize the following individual(s) to pick up my child from the program:

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

### My child may:

Walk *and/or*  Ride his/her bicycle home

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

\_\_\_\_\_  
Date

## EMERGENCY MEDICAL CONSENT

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist and/or hospital, as applicable, listed below:

\_\_\_\_\_  
Preferred Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Preferred Dentist

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Preferred Hospital

\_\_\_\_\_  
Phone Number

In the event that the designated preferred physician, dentist and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

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

\_\_\_\_\_  
Date

## EMERGENCY MEDICAL REFUSAL

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_  
*Do not sign if Emergency Medical Consent was authorized above.*

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

\_\_\_\_\_  
Date

## PARTICIPANT MEDICAL INFORMATION

\_\_\_\_\_  
Allergies (food, medication, etc.)

\_\_\_\_\_  
Activity restrictions or precautions

\_\_\_\_\_  
List any medication child is currently taking

\_\_\_\_\_  
List any special needs, important medical history/behavior and/or accommodations that can be made to make your child's experience more successful

My child is carrying an inhaler and is authorized to self-administer as needed. (Physician's order has been completed at the bottom of this form.)

My child is attending with an epinephrine syringe to be administered in the event of a severe allergic reaction.

**IMPORTANT:** Epinephrine administration authorization forms must be completed by parents and the physician, and the Director must be trained in the administration of the epinephrine syringe prior to the start date of the program.

*Continued on next page...*

# Marine Biology Camp Participant Information Form #3

## PHYSICIAN'S ORDER FOR PRESCRIBED ORAL MEDICATION

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All medication must be delivered in the original container in which it was dispensed and administered by a pre-authorized individual designated by the parent/guardian. No member of the Camp Invention program is permitted to administer medication.

I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

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Name of Medication

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Name of Authorized Individual  
to Administer Medication

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Name of Issuing Physician

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Dosage

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Date(s) and Time(s) of Administration by aforementioned individual

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Issuing Physician Emergency Phone Number  
Significant side effects (adverse reactions) that should be reported to the physician:

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Issuing Physician Signature                      Date

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Parent/Guardian Signature                      Date