



EMERGENCY MEDICAL RELEASE FORM

Complete all requested information, sign and mail to: Lifelong Learning, Onondaga Community College, 8015 Oswego Road, Liverpool, NY 13090. Fax to: (315) 498-2400. Questions? Call (315) 498-6000.

I understand that the health information on this record will be treated as confidential and privileged and used only for the purpose of the administration of the College for Kids program. Information will be shared with the camp nurse and as needed with instructors and emergency care providers. This release is effective for the duration of participation in the College for Kids program.

Student's Legal Name: _____ Student's OCC ID #: _____

Weeks Attending: 1 2 3 Student's Date of Birth: (mo/day/yr) M F

Parent Last Name: _____ Parent First Name: _____ MI: _____

E-mail: _____

Address: _____ City _____ State _____ Zip _____

Signature of Parent or Guardian _____ Date _____

Medical History:

Does your child have any physical limitations/handicaps? _____

Does your child require access to any special equipment? _____

Does your child have special needs, including behavioral or emotional? _____

Does your child require special assistance at school?
If yes, please provide a copy of your child's IEP.

Does your child have any serious fears? _____

Will your child be bringing any medication to camp? _____

Have any significant events occurred in your family within the last year? _____

Please tell us about a recent surgery, injury, chronic or recurring illness or other condition: _____

List any allergies: _____

IMMUNIZATION HISTORY PLEASE SUBMIT IMMUNIZATION RECORDS FROM YOUR PHYSICIAN OR SCHOOL.

I give permission to the medical personnel of Onondaga Community College to provide to my child, _____
(Child's Name)

emergency medical treatment and/or transport by ambulance to the hospital if an emergency situation should occur while my child is on campus.

Signature of Parent or Guardian _____ Date _____

In the event of illness or injury, I can be reached at the following phone number during the day: (Home) _____
(Cell) _____
(Work) _____

If I cannot be reached, please contact:

Name _____	Relationship to Child _____	(Home) _____
		(Cell) _____
		(Work) _____



AUTHORIZATION FOR MEDICATION ADMINISTRATION AT COLLEGE FOR KIDS

Only submit if medication will be administered at camp.

To be completed by the parent or guardian.

Weeks: 1 2 3

I request that my child (name) _____ OCC ID # _____
receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me and brought to College
for Kids by me or an authorized adult in the properly labeled original container from the pharmacy. I understand that the Camp nurse will administer
the medication.

Name of Medication: _____

Signature (parent or guardian): _____

To be completed by the licensed health care prescriber.

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth (mo/day/yr): _____

Diagnosis: _____

Name of Medication: _____

(For Epi-pens/Inhalers only) Student may carry and self-administer: YES NO

Prescribed Dosage: _____

Time to be taken during (hours): _____

Duration of Treatment: _____

Possible side effects and adverse reactions (if any):

Name of Licensed Prescriber and Title (please print): _____

Phone Number: _____

Prescriber's Signature: _____ Date: _____



COLLEGE
- FOR KIDS -

RELEASE FORMS

Authorized Pick-Up

Below is a list of people authorized to pick up my child in an emergency or for an early pick-up.

Student's Legal Name: _____ Student's OCC ID #: _____

Adult's Name	Relationship	Home Phone	Cell Phone	Work Phone

Parent's Signature _____ Date _____

General Release

I agree to defend, hold harmless and indemnify Onondaga Community College from any action, claim, expense or liability arising out of the activities pursuant to the College for Kids program. I willingly and voluntarily assume all risks involved in my child's participation in this program and in his/her use of the facilities and equipment related thereto.

I further acknowledge to Onondaga Community College that I have disclosed all medical conditions, illnesses and problems pertaining to my child's health that might have a bearing on his/her ability to participate in the program, and I affirmatively promise to keep the College informed in writing of any change in his/her health status.

Parent's Signature _____ Date _____

Publicity Release

I hereby *(Please check one of the following)*: DO give my full consent DO NOT give my full consent

to OCC'S Lifelong Learning department to use any or all photos, video images, and audio recordings of _____
(Please Print Child's Entire Name)

The OCC Lifelong Learning department agrees and promises that none of these materials will be used for profit or any purpose other than its own education and public information projects.

Parent's Signature _____ Date _____



CODE OF CONDUCT

Student's Legal Name:

Student's OCC ID #:

Code of Conduct

MISSION STATEMENT: We strive to provide your children with a safe, positive and fun learning environment where respect and compassion for others is the highest priority. In keeping with these standards, we will provide your children with a rewarding summer experience they will remember for years to come.

Any student who participates in the following could be expelled from camp:

- Pushing, fighting, name calling or swearing
- Bullying, threats or verbal abuse
- Repetitive class disruptions
- Leaving your designated class or lunch area without permission
- Stealing another camper's belongings
- Vandalizing the College's or another camper's property
- Possession of drugs or weapons

Consequences

1st Offense: Verbal warning and name will be reported to Head Counselor

2nd Offense: 2nd Verbal warning and rest of the day in the main office, discussion with parent upon pick-up

3rd Offense: Student expelled from camp and sent home; no refund of tuition

I have read and understand the code of conduct policy.

Child's Signature

Date

Parent's Signature

Date

College for Kids students must be independent at daily living skills.

If a student requires a one-on-one aide in school, parents should make arrangements for a personal attendant to accompany the student.