

Kids On Campus 2021 Medical History and Consent Form - page 1

Student Name _____ DOB _____ Sex (M/F) _____ Age _____

School _____

Father's (or Guardian) Name: _____ Cell phone _____

Work phone _____

Mother's (or Guardian) Name: _____ Cell phone _____

Work phone _____

Doctor's Name _____ Phone Number _____

If Parent/Guardian not available in an emergency, please notify:

Emergency Contact _____

Relationship to child _____

Daytime phone number _____

Health History

Operations or Serious Injuries (include dates) _____

Chronic or Recurring Illnesses _____

Allergies _____

Allergies to Medications or Insect Stings _____

Medications:

If your child will be taking medication during camp, please contact our office at (518) 629-7339 or communityed@hvcc.edu.

(name and dosage) _____

Activity Restrictions _____

Consent of Parent/Guardian for Emergency Treatment

I, _____ pursuant to the authority vested to me
(parent/guardian)

as parent/guardian of _____ do hereby authorize the staff of
(student's name)

Hudson Valley Community College, to exercise for me and on my behalf all my rights and duties with reference to medicines and hospitalization, including care and treatment by any means deemed necessary for the emergency of my son/daughter. I verify that to the best of my knowledge my child is physically able to participate in the activities of the program.

Signed _____ Date _____
(parent/guardian signature)

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Student's Name _____

Computer Utilization

Some programs require computer use. If applicable, my child has permission to use computer and access the Internet in a supervised environment. (Please read the college's computer use policy online, which can be found online in the college catalog at www.hvcc.edu/catalog)

Yes No

Media Release

My child has permission to be photographed, interviewed or videotaped while attending Kids on Campus programs for possible use in college publications, advertisements and promotions.

Yes No

Dismissal/Late Pick Up

Parents or parent designees (must be listed on pick up form) must sign their child out each day unless other arrangements have been made. Students must be picked up promptly after their classes. Please be sure you know the end time of the program your child is registered in. THERE WILL BE A \$10 LATE FEE CHARGED FOR EVERY 15 MINUTES OF LATENESS.

I understand and consent to these dismissal/pickup policies

Health and Safety Protocols

Hudson Valley Community College is committed to the health and safety of campers and staff. The Kids on Campus program is taking a multi-layer approach to reduce the spread of COVID-19. I have read and understand the health and safety protocols found at www.hvcc.edu/kidscamps.

Yes No

Pick up Permission

The following individuals have my permission to pick up my child from camp (this is in addition to parents/legal guardians).

Person (first and last name)	Relation	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian: _____ Date: _____

