



MEDICAL AUTHORIZATION TO TREAT University (conducted/managed/operated)Programs

George Mason University requests the following information so that the Program staff can arrange for medical care in the event of an emergency. You are responsible for providing accurate and complete information.

Program/Camp Name: _____
Date(s): _____ Location: _____

GENERAL INFORMATION

Participant Name: _____ Nick Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male Female Other

Previous Child Day Care Programs & Schools attended: _____

If child attends another summer programs please give name of program: _____

Grade campers will be entering in Fall _____

PRIMARY PARENT/GUARDIAN NAME:

Last: _____ First: _____ MI: _____

Address: _____
If different from above Street City State Zip

Phone (H): _____ Phone (W): _____ Phone (C) _____

Relationship to camper: _____ E-mail: _____

Employer: _____

Employer's Address: _____

SECOND PARENT/GUARDIAN NAME:

Last: _____ First: _____ MI: _____

Address: _____
If different from above Street City State Zip

Phone (H): _____ Phone (W): _____ Phone (C) _____

Relationship to camper: _____ E-mail: _____

Employer: _____

Employer's Address: _____

PHYSICIAN CONTACT INFORMATION:

Physician name: _____ Phone: _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary): _____

FIELD TRIP PERMISSION: YES NO N/A

My child has permission to participate and be transported to Freedom Aquatic & Fitness Center field trips. If "NO" please be sure to communicate on the Monday of each camp week to a Head Camp Counselor and arrange for care outside of the Freedom Center.

SWIMMING RELEASE:

My child has permission to swim during the camp program: YES NO N/A
* My child's swimming ability is: Non-Swimmer Beginner Swimmer Experienced Swimmer

In the event of an emergency the below information will be provided to emergency first responders: Allergies - Include medication, food and others (insect stings, asthma, animal dander etc.) Describe reaction and management of the reaction.

Does your child carry an Epi-Pen? _____

Medications: Please list ALL medication taken routinely. Keep medication in the original packaging/ bottle that identifies the prescribing physician (if prescription), the name of the medication, the dosage, and the frequency of administration.

Med: _____ Dosage _____ Times of day taken _____

Med: _____ Dosage _____ Times of day taken _____

(Attach additional pages for more medications)

EMERGENCY CONTACT INFORMATION

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

Emergency Contact #1 Name: _____ Relation _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact #2 Name: _____ Relation _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact #3 Name: _____ Relation _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact #4 Name: _____ Relation _____

Address: _____

Phone: Home _____ Work _____ Cell _____

INSURANCE INFORMATION

Do you have health/accident insurance? Yes No

Company Name/Address: _____

Policy Number: _____

George Mason University does not offer any form of health, liability or other types of insurance for the participant while participating in the Program.

AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, and medications are listed on this form.

I give my permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I agree to indemnify and hold harmless George Mason University, the Commonwealth of Virginia, and their officers, employees and agents, from any claim, damage, liability, injury, expense, or loss, including defense costs and attorney's fees, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in mental, physical or medical condition before the Program begins.

The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____



Camps and Enrichment Programs

PARTICIPANT CONDUCT AGREEMENT

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____

Participant Name: _____ (hereafter "Participant")

Parent/Guardian Name: _____

Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program that I must comply with the Program's rules and standards of conduct and follow all direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the direction of Program Staff may result my being dismissed from the Program with no refund.

Participant's Signature:

_____ Date: _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program and George Mason University. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home.

Parent/Legal Guardian's Signature:

_____ Date: _____



Camps and Enrichment Programs

PICK-UP AUTHORIZATION

Program Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____

Participant Name: _____ (hereafter "Participant")

Parent/Legal Guardian Name: _____

Please fill out either Section I or II.

SECTION I

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and may be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person to pick up my child from the aforementioned Program activities:

Authorized Person:	Phone Number:	Relationship to Child:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following individuals are not permitted to pick up my child:

Unauthorized Person:	Brief Physical Description:	Relationship to Child:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone number: _____

SECTION II

My son/daughter is at least 16 years of age and will responsible for his/her own transportation to and from Program. My son/daughter may sign him/herself in at the start of Program activities and sign him/herself out at the end of Program activities.

Parent/Guardian Signature: _____ Date: _____



Camps and Enrichment Programs

PHOTO, AUDIO, VIDEO, AND COMMENT RELEASE FOR SUBJECTS UNDER 18

Event: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Faculty Staff Student Visitor

GENERAL RELEASE

Student's Name: _____

I am the Parent/Guardian of the above-named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant permission to George Mason University the absolute and irrevocable right and permission, with respect to photographs, videos, and audio recordings taken or made of and/or comments made by the above-named student or in which the student may be included with others; to use, re-use, and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatsoever for illustration, promotion, art, recruitment, publication, advertising, and trade, and if appropriate, to use the student's name and pertinent education and/or biographical facts as George Mason University chooses. Use of photographs, videos, comments, and audio recordings is granted without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) and I waive any right to inspect or approve the finished versions incorporating the photograph, video, audio recording, and/or comments including written copy that may be created and appear in connection therewith.

I agree that George Mason University or other third party owns the copyright in these photographs, videos, and/or audio recordings and I hereby waive any claims I may have based on any usage of the works derived therefrom. I hereby fully and forever discharge and release George Mason University and its employees, agents, assigns, licensees, successor in interest, and legal representatives from any claim for damages or claims of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) or any other cause of action arising out of the use or publication, distribution, modification and exhibition of photographs, videos, audio recordings, and/or comments by the University, and covenant and agree not to sue or otherwise initiate legal proceedings against the University. The photographs, videos, audio recordings, and/or comments will not be sold to any other firm or organization.

I am not a minor and have the right to contract in my own name and the name of the above-named student. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives, and assigns.

Signed: _____ Date: _____

Witness: _____ Date: _____