



CREOL Laser and Photonics Summer Camp

Medical Form

All parents/guardians of students attending the CREOL Laser and Photonics Summer Camp must fill out this form and send it in NO LATER THAN JULY 1, **along with a copy of their insurance card.** Participation in the CREOL Laser and Photonics Summer Camp is NOT allowed without this form.

Basic Personal Information:

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

Emergency Contact Information:

PARENT/GUARDIAN #1: Name: _____

RELATIONSHIP: _____ PHONE: _____

PARENT/GUARDIAN #2: Name: _____

RELATIONSHIP: _____ PHONE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY OTHER THAN PARENTS/GUARDIANS LISTED ABOVE:

NAME: _____

RELATIONSHIP: _____ PHONE: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

INSURANCE'S NAME: _____

GROUP NUMBER: _____ POLICY NUMBER: _____



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Medical Information:

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has: (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, the purpose, dosage, and times taken:

I hereby authorize my son/daughter, _____, to take full responsibility of his/her medication, and to administer it to himself/herself. I have discussed with my child what the medication treats, how to take the medication, when to take the medication, and other vital information about the medication. I realize that the CREOL Laser and Photonics Summer Camp is not responsible for checking up on whether or not he/she has taken his/her dosage. I also understand that my child may be dismissed, at UCF's sole discretion, without warning if he/she is caught sharing prescription medication with others.

I understand that UCF does not supply health insurance for students participating in the CREOL Laser and Photonics Camp and it is my responsibility as parent/guardian to provide appropriate health insurance authorized for use in the State of Florida or incur any expenses resulting from illness or injury.

Parent/Guardian Initial _____

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the University of Central Florida (including but not limited to its College of Optics and Photonics), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, servants, volunteers and students and all organizations involved in the coordination, hosting, and staffing of and contribution of equipment and supplies to the conference/workshop, and also their agents, servants, and employees (with all of the above collectively referred to as RELEASEES), FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH that may be sustained by my child due to my child administering his/her own medication or my child's failure to do so, while at the CREOL Laser and Photonics Summer Camp or otherwise and/or whether caused by RELEASEES' negligence or otherwise.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Student Cell Phone (if applicable): _____