



## INSTRUCTIONS – Summer Bridge Program Form Packet & Proof of Insurance

Following acceptance to the program, please complete and return all six pages of this camp form packet, along with a copy of the participant's health insurance card (front and back) as proof of insurance as soon as possible, but not later than two weeks after acceptance to the program.

This packet includes general information, transportation plans, media release, voluntary waiver, medical information and release, as well as camp rules. Students must complete this packet and provide proof of insurance prior to participating in camp activities.

*Note: If the participant does not have current health insurance coverage, please contact us as soon as possible for options.*

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Once complete with this packet, send it (along with proof of insurance) by one of the following:

- Mail to: COSAM Summer Bridge Program | 315 Roosevelt Concourse, Rm 225 | Auburn, AL 36849-5370
- Email to: [donarius.burr@auburn.edu](mailto:donarius.burr@auburn.edu) or [dropincenter@auburn.edu](mailto:dropincenter@auburn.edu)
- Fax to: (334) 844-4661 (attn: "Summer Bridge Program")

**Deadline: May 1st**



# 2016 Summer Bridge Required Form Packet

*This form must be completed in full before a student can participate in the COSAM Summer Bridge Program*

## GENERAL INFORMATION

Camp Name / Location / Dates COSAM Summer Bridge Program/

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Gender: M F

Parent/Legal Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact #1 Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relation \_\_\_\_\_

## TRANSPORTATION

I will arrive in Auburn on (date/time) \_\_\_\_\_ Method of Transportation \_\_\_\_\_

I will be traveling from (city) \_\_\_\_\_ Accompanied by \_\_\_\_\_

I will depart Auburn on (date/time) \_\_\_\_\_ Method of Transportation \_\_\_\_\_

I will be traveling to (city) \_\_\_\_\_ Accompanied by \_\_\_\_\_

(Note: Cars are not allowed during the program. Transportation is provided to off-campus events.)

# **Auburn University**

## **Youth Program/Camp Media, Photo & Video Release Form**

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### **PROGRAM INFORMATION**

**Program/Camp Name:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I, on behalf of my child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

**This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.**

### **SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:**

**Parent/Guardian Name:** \_\_\_\_\_

**Minor Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISKS**

***PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.***

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.

I, on behalf of my Child, hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Office of Professional and Continuing Education, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Auburn accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, 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 the Camp.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_ Date \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19**

## MEDICAL INFORMATION / MEDICAL RELEASE

As a student, parent or guardian I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. The Office of Professional and Continuing Education requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If you have any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Camp. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_

Do you have health/accident insurance? (circle one): YES NO If yes, please indicate policy number, name and address of insurance company.

Policy # \_\_\_\_\_ Company Name / Address \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM**

For the following, circle appropriate response and explain as appropriate:

Does student have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO  
If yes, identify and explain:

Is student currently taking medication that may interfere with ability to safely participate in Camp? YES NO  
If yes, please indicate the medication and the condition being treated:

Does student have a history of allergies or reactions to medications, insect stings, or plants? YES NO  
If yes, please explain:

Does student have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO  
If yes, please explain:

Unless prior arrangements have been made, medical needs will be handled through the East Alabama Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

(insert student's name) \_\_\_\_\_ has my permission to receive medical attention in the event of illness or medical emergency while participating in this Auburn University Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the Auburn University Office of Professional and Continuing Education pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Auburn University Office of Professional and Continuing Education of any changes in my mental, physical or medical condition prior to my Child's scheduled Camp.

By revealing or disclosing the above medical information it will not be used by Auburn University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_ Date \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19**

## PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

This portion of the form must be completed fully in order for campers to self-administer required medication. A new medication administration form must be completed for each camp attended by the camper, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, *and* parent signature.

**No, my child does not need to take any prescription medication while at Camp.**

**Yes, my child will need to take prescription medication while at Camp.**

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to Camp under the condition that the student can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the student will be attending the Camp.

### PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the student capable of self-managed care?      YES      NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Camp Staff, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced Camp.

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to \_\_\_\_\_ (child's name) if the need arises. You may dispense only those checked.

Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

Tylenol/Acetaminophen as directed.

Ibuprofen as directed.

Throat lozenges and or spray as directed for sore throat.

Micatin or anti-fungus treatment as directed for athlete's foot.

Kaopectate or Imodium for diarrhea as directed.

Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.

Roloids or Tums for acid reflux, heartburn or indigestion as directed.

Benadryl for swelling, hives, allergic reaction, as directed.

Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.

Visine or other eye drops for minor eye irritation.

Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.

Swimmer's ear drops as directed.

Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.

Medicated powder for skin irritation as directed.

Robitussin or other cough syrup as directed.

Calamine lotion for bug bites and poison ivy.

Sunscreen

Bug repellent

Other (list any other approved over-the-counter drugs) \_\_\_\_\_

Camp staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Camp Staff, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced Camp.

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RULES / DISCIPLINARY PROCEDURES

### Rules Students and Parents Need to Know:

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from the Camp Director. Any vehicles parked on campus must have a University Parking Permit. Neither Auburn University, nor the camp staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.
2. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Camp Directors must receive prior written permission from the parent or guardian, and grant specific permission.
3. Campus regulations prohibit the use of alcohol and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
4. Coed visitation in the residence halls is permitted in the first floor lobby area only. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall.
5. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the camp.
6. Participants will abide by nightly curfews and "Lights Out" announcements from the Camp Director or Program Counselors. Participants must be in their OWN room at lights out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after 'Lights Out.'
7. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.
8. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
9. In accordance with state law, smoking is prohibited by anyone under the age of 19. Smoking is not permitted in any buildings on the Auburn University Campus.
10. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.
11. All furniture must remain unchanged and kept in place.
12. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
13. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither Auburn University, nor the camp staff, is responsible for lost or stolen items. A participant should take room key when leaving room. Those who lose a key must pay for a replacement. Leave excess money and valuables at home. Valuables, including jewelry, iPods, cell phones, radios, cd players, etc., may be brought to camp, but only at participant's own risk.

### Disciplinary Procedures:

Each camper has a reasonable expectation to enjoy a positive camp experience. Therefore, the misbehavior of one camper, or a group of campers, should not be permitted to impact negatively on the camp experience of others. Most camps are short in duration, so prompt action is required when problems occur. Parents and campers should be aware of the disciplinary policy.

**First Offense:** Campers failing to adhere to camp rules, or exhibiting behavior clearly intended to annoy or endanger other campers, will be privately and formally warned by a Camp Counselor and informed that subsequent misbehavior will result in formal counseling by the Camp Director.

**Second Offense:** Subsequent misconduct will result in counseling by the Camp Director and a warning that further misconduct will result in removal from camp. At this point, the Camp Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

**Third Offense:** Any further inappropriate behavior will result in counseling by the Campus Sponsor of the camp and expulsion from camp.

NOTE: AUBURN UNIVERSITY EXPECTS EACH CAMPER TO HAVE A SUCCESSFUL CAMP EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF CAMP STAFF. CAMPERS DISMISSED FROM CAMP FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND CAMP.

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a camp, but is not so egregious as to warrant immediate dismissal from camp. It in no way precludes immediate dismissal from camp for more serious disciplinary problems or violations of campus or camp regulations. A serious disciplinary problem is defined as one in which the camp staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the camper, other campers, or camp staff member's safety in jeopardy; physical, emotional, or electronic harassment/harm against self, camp staff or fellow camp participants; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another camper; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

### Parent and Student Pledge:

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp may result in early dismissal from camp without any refund of fees paid to attend. We pledge to abide by all camp rules and to exercise good behavior and proper respect for others.

Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_ Date \_\_\_\_\_