

Please complete these forms and turn them in to your student's teacher!

**Science Adventure School – WVU
Participant Information Form**

- Please write *legibly* and in *pen*.
 - Please answer the following questions honestly and accurately. This information will be kept confidential.
 - Our goal is to provide you with the best experience possible, making accommodations where needed.
 - Please contact us for questions or concerns about any of the following items.
- *Please notify us of any changes that happen between completing this form and the start of your program.***

PARTICIPANT INFORMATION

Last Name: _____ Legal First Name: _____

Preferred Name: _____ Pronouns: _____

Height: _____ Weight: _____ Gender: _____ Date of Birth ____/____/____

Age: _____ Grade: _____ T-shirt Size (Circle One): YM S M L XL XXL 3XL

Street Address: _____ City: _____

Zip: _____ Phone Number(s): _____

EMERGENCY CONTACT AND PICK-UP INFORMATION

Students will not be permitted to leave the program location with anyone other than a legal guardian without prior written approval from a legal guardian. Please let us know about other family or friends who may pick up your child in case of an emergency.

Emergency Contact #1

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

Email: _____ Authorized for pickup? Y/ N

Emergency Contact #2

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

Email: _____ Authorized for pickup? Y/ N

Additional contact or pick up information: _____

Participant Medical Information

INSURANCE INFORMATION

Each participant is responsible for medical expenses. A copy of your current medical insurance card should be brought along with you on the program.

Name of Insurance Company: _____ Insurance Co. Phone: _____

Group #: _____ Name on Insurance Card: _____

PHYSICIAN INFORMATION

Physician Name: _____ Phone: _____

ALLERGY INFORMATION:

Do you have allergies (circle one)? YES NO

If YES, do you carry epinephrine, such as an Epi-Pen? YES NO

If YES, have you ever been hospitalized for these allergies (circle one)? YES NO

Describe your allergies, including severity and please provide any other pertinent information: _____

DIETARY INFORMATION:

Please indicate any dietary restrictions, needs, and requests here. If it is not listed on this form, we cannot guarantee that we can accommodate it.

Do you have any dietary restrictions (i.e. vegetarian, lactose-intolerant, etc.)? YES NO

If YES, please describe your dietary restrictions, including foods avoided or any other pertinent information:

VISION/HEARING CORRECTION:

Please bring any vision or hearing corrective items with you. If you wear contacts, please bring glasses in addition.

Do you wear glasses, contacts, hearing aids, or use other implements to correct vision/hearing? YES NO

Do we need to contact you in order to arrange any vision/hearing accommodations? YES NO

OTHER PERTINENT HEALTH INFORMATION:

If your student regularly uses any brace, orthotic, or other medical device, they must bring it with them.

Please list any brace, orthotic, or other device that is used regularly: _____

Please list any other pertinent health information may affect your student's ability to participate in this program, including recent injuries, pre-existing health conditions, etc.: _____

Is there anything else we need to know or accommodations we can provide? Please describe: _____

ACKNOWLEDGEMENTS AND PERMISSIONS

Due to the unique nature of the programming at Science Adventure School, we do things a little bit differently to mitigate as much risk as we can for our students. As such, please read these policies, and initial each one signifying your understanding and approval.

1) Students will be required to carry their life-saving medications, like epi-pens or inhalers, on their person at all times. **Initial** _____

2) Although being overseen by medical professionals, my student's regularly scheduled medications, both over-the-counter and prescription, will likely be administered by an SAS staff member or teacher, both with medical administration training. **Initial** _____

3) Do you authorize Science Adventure School to administer non-prescription, over-the-counter medications on an as-needed basis to your student?
(circle on and Initial): **YES** _____ **NO** _____

Are there any specific exceptions to this allowance? _____

4) If your student is taking regularly scheduled medications, they must bring ALL of those with them to SAS. **Both prescription medications and over-the-counter medications require that a separate form is filled out and turned in with this packet.** **Initial** _____

ACCURACY STATEMENT

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Name of Legal Guardian: _____ Relationship: _____

Signature of Legal Guardian: _____ Date: _____

Prescription Medication Consent Form, page 1 of 2

(Please only fill out this form if your student is taking prescription medications)

This form **MUST** be filled out and signed by the parent/guardian for any prescribed medication to be given to the participant during their time at Science Adventure School. Each medication must be listed individually. A photograph of this participant may be taken and submitted to SAS@mail.wvu.edu to assist in the correct administration of medication. Medication may be given by unlicensed SAS or school personnel who have completed the "Medication Administration in Early Care and Education Setting" training. All prescription medication must be sent to SAS in the original prescription bottle, with the correct label bearing the student's name, physician name, medication name, and directions for use.

PRESCRIBER INFORMATION

Prescriber's Name: _____ Telephone: _____

Prescriber's Address: _____ Fax Number: _____

PRESCRIPTION MEDICATION

Students must bring any required medications with them to SAS. If they do not have them, they may not be allowed to participate.

Medication #1

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Medication #2

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Prescription Medication Consent Form, page 2 of 2

PARENT STATEMENT OF CONSENT

I give permission for _____ to take the above listed medication at Science Adventure School. I also understand and agree that those who have been trained under the Medication Administration in Early Care and Education Settings, may talk with each other, as well as SAS personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, school board, Science Adventure School, and the Summit Bechtel Reserve and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of prescribed medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents, Science Adventure School, and Summit Bechtel Reserve against any claims arising from the self-administration of physician prescribed medication.

Guardian signature to approve administration of prescription medication: _____

Daytime Phone Number: _____ Date: _____

Please fill out a second page 1 form if more than two prescription medications are taken.

Over-the-counter Medication Consent Form

(Please only fill out this form if your student is taking over-the-counter medications)

This form **MUST** be filled out and signed by the parent/guardian for any over-the-counter medication to be given to the participant during their time at Science Adventure School. Each medication must be listed individually. Medication may be given by unlicensed SAS or school personnel who have completed the "Medication Administration in Early Care and Education Setting" training. All medication must be sent to SAS in the manufacturers bottle with appropriate instructions for administering to children.

MEDICATION

Students may bring OTC medications with them to SAS as long as prior consent is given by guardian.

OTC Medication #1

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

OTC Medication #2

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Parent Consent

I give permission for _____ to take the above listed medication at Science Adventure School administered by SAS or trained school personnel.

Guardian signature: _____ Date: _____

Please fill out a second form if more than two OTC medications are taken.

Parent Checklist for Sending Medication to SAS

Parents, please keep this form so you have it as you prepare for SAS. If you are sending medication with your student, please ensure you are completing the following:

If you are sending over-the-counter medication(s) with your student:

- Fill out the over-the-counter medical consent form ensuring that each medication your student takes is listed on that form. Use more than one form if necessary.
- Provide the medication in the original manufacturer's bottle.
- **DO NOT** send medication to SAS in baggies or other containers.
- If there are any changes to your child's medicine between when you turn in this paperwork and when your child attends SAS, please email SAS@mail.wvu.edu and alert us to these changes.

If you are sending prescription medication(s) with your student:

- Fill out the prescription medical consent form ensuring that each medication your student takes is listed on that form. Use more than one form if necessary.
- Provide the medication in the original container from the pharmacy. The label affixed needs to show:
 - Students Name
 - Name of the medication
 - Reason for the medication
 - Dosage
 - Time
 - Frequency
 - Method of Administration
 - Date of expiration
- **DO NOT** send medication to SAS in baggies or other containers.
- If there are any changes to your child's medicine between when you turn in this paperwork and when your child attends SAS, please email SAS@mail.wvu.edu and alert us to these changes.