



Dear Parent:

There are many STARTALK programs across the United States. The National Foreign Language Center (NFLC) supports these programs. One of the NFLC's jobs is to collect information about participants. To collect this information, NFLC surveys all participants. The survey asks about language learning experiences and attitudes about language learning. NFLC will use the answers to these questions to make future STARTALK programs and language programs across the country better.

During the STARTALK program your child may also use a program called LinguaFolio. LinguaFolio is a self-assessment, self-report tool used in Europe and several U.S. states and designed for language learners. This tool helps your child track his progress while learning the language. Your child's program may also use other assessment tools.

We will do our best to keep your child's personal information confidential. All information collected by the survey will be stored in a password-protected database. We will not include participant names in any published reports, media, or public discussions of STARTALK. Your child's name will be given a code for survey data. This code, instead of a name, will link your child's survey and identity. Only the researcher, you, and your child will be able to see this information. We will ask for your permission if we want to cite your child by name for any reason.

Your child may be photographed or video or audio recorded for recruitment and teacher training purposes.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Ingold".

Dr. Catherine Ingold  
Project Principal Investigator

# How to complete your STARTALK Consent Form

# Step One: Read the form

- Read the form to learn about STARTALK research.

# Step Two: Initial and date **BOTH** pages

Page 1 of 2  
Initials \_\_\_\_\_ Date \_\_\_\_\_

## Consent form for Student Participation

Your Child's Name \_\_\_\_\_

Project Title	STARTALK
Why do I need to sign this form?	The National Foreign Language Center (NFLC) at the University of Maryland is doing research on the STARTALK program. Your child is participating in a STARTALK Program. The survey complete will teach us about your child's experience and language learning STARTALK better.

Page 2 of 2  
Initials \_\_\_\_\_ Date \_\_\_\_\_

Project Title  
What if I have questions?  
**STARTALK**  
The researcher for this project is Dr. Catherine Ingold at the University of Maryland, College Park.  
If you have questions, contact Dr. Ingold at:  
National Foreign Language Center  
The University of Maryland  
Mail Services Bldg #343

# Step Three: Check box for citation by name

If you wish to be contacted before your child is mentioned by name in any future publication, check this box.

<b>What about confidentiality?</b>	<p>We will <i>do our best to keep your child's personal information confidential</i>. We will store all <i>data</i> will be stored in a password-protected database. We will not include participant names in any published reports, media, or public discussions of STARTALK. Your child's name will be given a code for surveys and other data. The researcher will use this code to link your child's survey and identity. Only the researcher, you, and your child will have access to data. We will ask your permission if we want to cite your child by name for any reason.</p> <p>Your child's information may be shared with representatives of the University of Maryland, College Park or government authorities if your child or someone else is in danger or if we are required to do so by law.</p> <p>Check Box: I wish to be contacted before my child is cited by name in the future. <input checked="" type="checkbox"/></p>
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# Step Four: Enter your child's name at the top

Page 1 of 2

Initials \_\_\_\_\_ Date \_\_\_\_\_

## Consent form for Student Participation

Your Child's Name JANE DOE

## Step Five: Complete signature section

- Print your child's name
- Print your name
- Sign your name
- If your child is 12 or older, your child should sign his/her name
- Write today's date

# Sample Signature Page

I, <u>you</u> , your child freely and voluntarily agrees to		
Signature and Date	Your Child's Name	JANE DOE
	Parent or Guardian Name (your name)	JOHN DOE
	SIGNATURE OF CHILD'S PARENT OR GUARDIAN (Your Signature)	<i>John Doe</i>
	SIGNATURE OF THE CHILD (if child 12 years of age or older)	<i>Jane Doe</i>
	DATE	4/12/11



## University of Maryland College Park

<b>Project Title</b>	STARTALK
<b>Purpose of the Study (Why do I need to sign this form?)</b>	This research is being conducted by Dr. Catherine Ingold at the University of Maryland, College Park. We are inviting you to participate in this research project because your child is participating in a STARTALK Program. The purpose of this research project is to collect data about your child's experience and language learning in order to make further STARTALK programs better.
<b>Procedures (What does my child have to do?)</b>	<p>The procedures involve the following:</p> <p>If your child is in K-5th grade, you, the parent, will be asked to complete a survey about your child and his/her STARTALK learning experience.</p> <p>If your child is in 6th-12th grade, he/she will be asked to complete a survey his/her STARTALK learning experience.</p> <p>The survey will collect information about your child, including:</p> <ul style="list-style-type: none"> <li>• demographic information</li> <li>• your child's experience learning the language</li> <li>• how your child feels about the program</li> </ul> <p>The survey is online and takes 15 minutes to complete.</p> <p>During the research project, your child may also use LinguaFolio. LinguaFolio is a self-assessment, self-report tool used in Europe and several U.S. states by language learners.</p> <p>Your child may also be photographed, video or audio taped during STARTALK program for recruitment and teacher training purposes.</p> <p>Please, put a check mark next to one of the statements below:</p> <p><input type="checkbox"/> I give my consent to have my child photographed and video recorded for this study</p> <p><input type="checkbox"/> I do not give my consent to have my child photographed and video recorded for this study</p>
<b>Potential Risks and Discomforts</b>	There are no known risks for participation in this study.
<b>Potential Benefits</b>	There are no direct benefits from participation in this research. We hope that in the future other people might benefit from this study through improved understanding of what contributes to successful language teaching and learning.

# University of Maryland College Park

<b>Confidentiality</b>	<p>Any potential loss of confidentiality will be minimized by storing data in a password-protected database. Only National Foreign Language Center research staff will have access to see the survey and other data. Videos/photos are held by the program and are only requested by National Foreign Language Center staff if needed for promotional or educational purposes.</p> <p>Please, be advised that the survey will not ask for your child's name. If we write a report or article about this research project, your child's identity will be protected to the maximum extent possible. Your child's information may be shared with representatives of the University of Maryland, College Park or governmental authorities if your child or someone else is in danger or if we are required to do so by law.</p>
<b>Right to Withdraw and Questions</b>	<p>Your child's participation in this research is completely voluntary. Your child may choose not to take part at all. If he/she decides to participate in this research, he/she may stop participating at any time. If he/she decides not to participate in this study or if he/she stops participating at any time, it will not prevent him/her from any services that STARTALK provides, now or in the future.</p> <p>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator: Dr. Catherine Ingold National Foreign Language Center The University of Maryland Mail Services Bldg #343 P.O. Box 93 College Park, MD 20742 (301) 405-9698 cwingold@nflc.umd.edu</p>
<b>Participant Rights</b>	<p>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</p> <p style="text-align: center;"><b>University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: <a href="mailto:irb@umd.edu">irb@umd.edu</a> Telephone: 301-405-0678</b></p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>
<b>Statement of Consent</b>	<p>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you/your child voluntarily agree/s to</p>

# University of Maryland College Park

	<p>participate in this research study. You will receive a copy of this signed consent form.</p> <p>If you agree to participate, please sign your name below.</p>	
<p><b>Signature and Date</b></p> <p><b>(Both you AND your child must sign if applicable)</b></p>	<p><b>YOUR CHILD'S NAME</b> [Please Print]</p>	
	<p><b>PARENT OR GUARDIAN NAME</b> [your name]</p>	
	<p><b>SIGNATURE OF CHILD'S NAME OR GUARDIAN</b> [your signature]</p>	
	<p><b>SIGNATURE OF THE CHILD</b> [if 12 years of age or older]</p>	
	<p><b>DATE</b></p>	



**Butter and Egg Adventures, LLC  
Hold Harmless and Photo Permission Agreement**

I, \_\_\_\_\_ (printed name), as the parent of or guardian for

\_\_\_\_\_ (printed child's name), a minor child who is in my care and custody, do hereby grant my permission for my child to attend a program or event at Butter and Egg Adventures, LLC. I fully understand that the nature of recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury, harm or death to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at Butter and Egg Adventures, LLC, and I agree to indemnify and hold harmless Butter and Egg Adventures, LLC, its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property. Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at Butter and Egg Adventures, LLC. I also grant permission for pictures and images of my child to be taken while participating in activities and used for Butter and Egg Adventures' promotional purposes.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20 \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Please sign your name on the following line if you **do not** wish for images of your child to be used in relation to Butter and Egg Adventures' promotions: \_\_\_\_\_

Please contact a camp director at (334) 670-9954, or 670-9953, for questions or concerns.

**Troy University**  
**Summer Conference Registration Card**  
(Please print all information)

<b>Group</b>		
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>	<b>Home Phone</b>	
<b>School</b>	<b>Grade (Fall 2015)</b>	
<b>Office Use Only</b>		
<b>Room Assignment</b>	<b>Key Issued</b>	
<b>Meal Ticket Issued</b>	<b>Key Returned</b>	
<b>Notes/Charges</b>		



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

**CAMP INFORMATION**

Camp Name: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_  
Location: \_\_\_\_\_

**CAMPER INFORMATION**

Name of Camper: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

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**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 Troy University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Conference Services Office, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Troy") 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 Troy 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 Troy accepts no responsibility for my Child's personal property.  
In the event of an accident or serious illness, I hereby authorize representatives of Troy to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Troy 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 Pike 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.

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

Participant Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Participant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_



**TROY UNIVERSITY SUMMER CAMPS  
 APPLICANT INFORMATION & CONFIDENTIAL MEDICAL  
 INFORMATION**

Camp Name: \_\_\_\_\_

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

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.**  
**AS A CAMPER, 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 Troy University Summer Conference Services Office 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.

**PART 1. GENERAL INFORMATION**

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Parent/Legal Guardian Name Email: \_\_\_\_\_

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

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

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

**Please list two emergency contacts:**

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

**PART 2. MEDICAL INFORMATION**

**It is recommended that you consult with a physician prior to participating in this TROY University Summer 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 Summer 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: (\_\_\_\_) \_\_\_\_\_

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 company. Please also include a copy of the front and back of your insurance card:

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

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

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation?

Yes No

If yes, identify and explain:

Is camper 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 camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No

If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware?

Yes No

If yes, please explain:

**PART 3: AUTHORIZATION FOR MEDICAL CARE**

Unless prior arrangements have been made, medical needs will be handled through the University Health Center and Troy Regional 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.

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

**PLEASE READ:** 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 TROY University Conference Services Office pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Troy's Conference Services Office 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 TROY 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.

**SIGNATURE IS REQUIRED:**

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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





**TROY UNIVERSITY SUMMER CAMPS  
MEDICATION PRESCRIBER/PARENT AUTHORIZATION**

Camp Name: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:            M            F

\_\_\_\_\_ 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.

**This form must be completed fully in order for campers to administer required medication to themselves. 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. Requires licensed health care authorization and signature, and parent signature.**

- 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 camper will be attending the 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 camper can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider.*

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Special Storage Requirements: \_\_\_\_\_  
Is the camper 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: \_\_\_\_\_

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

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, Troy 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 camper named above, including the administration of medication at the above referenced Camp.

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**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 camper'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.
- Aspirin/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.
- Rolaids 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 camper'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, TROY 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 camper named above, including the administration of medication at the above referenced Camp.

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_