



SUMMER TECH CAMP
MEDICAL INFORMATION & CONSENT AGREEMENT

Required to Complete Registration – email to info@cyberninjaz.com or send to 8804 Post oak Rd. Potomac, MD 20854
Maryland State law requires an immunization record be submitted.

St. Andrew's Summer Programs follows the regulations of the State of Maryland, which prohibits distributing prescriptions, over the counter medications (Advil, Benadryl, Tylenol, etc.) or ointments (first aid cream, antibiotic etc.) without a physician's order form that is available at www.saes.org/summerprograms. If your child is taking prescription medicines during camp hours, in addition to the physician's order you must also provide the medication in the original pharmacy container.

Student's Last Name _____ First Name _____ Name of Program _____

Parent/Guardian Name _____ Phone Number _____

Street Address _____ Town _____ State _____ Zip Code _____

Non parent/guardian Contact _____ Phone Number _____

Physician's Name _____ Phone Number _____

Student's Health Insurance Company _____ Group/Policy Number _____ Precertification Phone Number _____

My child is able to participate fully in the physical activities of Cyberninjaz's summer camp ___Yes ___No

I give my child permission to participate in Laser tag and videogames with a T for Teen rating ___Yes ___No

All students from outside the US or from DC must fill out an immunization form. All children attending camp must provide up to date immunizations records unless exempt. Please list all exempt Vaccinations.

Is your child up to date on all required immunizations? ___Yes ___No

Has he/she had chicken pox or varicella vaccine? ___Yes ___No

*The following medical conditions REQUIRE action plans that must be completed by a doctor (food and/or insect sting allergies, asthma, diabetes, and seizures). These forms may be found at www.saes.org/summerprograms.

Allergies: Food _____ Drug _____

Insect stings _____ Other _____

Asthma ___Yes ___No Seizures ___Yes ___No Diabetes ___Yes ___No

Please list all routine medications, dosage and purpose. (Reminder: Over-the-counter and prescription medication can only be given if your doctor completes an Authorization for Prescription and Non-Prescription Medication Form. A parent must also sign the form. All prescription medication must be sent in a bottle labeled by a pharmacist; over-the-counter medication must be in the original package with safety seal intact. Form found at www.saes.org/summerprograms.)

Significant Medical/Surgical History: _____

Physical, Psychiatric, or Behavioral Issues: _____

MEDICAL, FIELD TRIP & PHOTOGRAPHY CONSENT

1.I authorize Cyberninjaz Summer Tech & Fitness Camp, when I cannot be reached, to take my child to the emergency room of the nearest hospital, at my expense, and the hospital has my authorization to provide treatment that a physician deems necessary for the well being of my child.

2.I give permission for my child to be taken on field trips, off the St. Andrew's Campus supervised by staff, whether by foot, metro, taxi, van or bus. I hereby release and hold harmless the school, its agents and employees, from all claims, damages or other liabilities for injuries to the student that are not the result of gross negligence by the school, its agents or employees.

3.I hereby authorize and give full consent to Cyberninjaz LLC to publish and copyright all photographs in which my child appears while enrolled as a summer student. I agree that Cyberninjaz LLC may use photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications and websites.

4. I hereby approve the foregoing and affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____ Phone # _____ Date _____