PARENTAL CONSENT FORM

MSU Design Discovery Summer Camp/Workshop

Medical / Insurance Releases  (page 1)

In accordance with the rules of the _______ Camp, I hereby give my consent for ________________________________ (applicant) to participate in the recreational and instructional activities that are a part of the camp/workshop. The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical and craft-making activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of the applicant's participation in the Camp program. If at any time it is necessary for the applicant to receive outside or professional medical attention, we hereby give our consent to the Camp staff and applicant's advisor to select and secure such medical services as are deemed necessary or desirable and to secure whatever transportation is deemed necessary. I understand that while at camp, the applicant is eligible to use the Mississippi State University Health Center on campus. I also understand that there is a fee for these medical services. I authorize the release of any medical or other information necessary to process any insurance claim. I authorize payment of medical benefits to the supplier of medical services. I accept responsibility for charges not covered by insurance.

Camper:  ____________________________________________  (please print)

Parent/Guardian:  ____________________________________  (please print)

__________________________________________________ Date:  ________________

(signature)

(Please complete both sides of the form.)
PARENTAL CONSENT FORM

MSU Design Discovery Summer Camp/Workshop

Medical / Insurance Releases  (page 2)

(Please print or type and fill in completely.)

Camper Information
Camper: ____________________________________________
Last  First  Middle

Home Address: _______________________________________
Street Number

City  State  Zip Code

Home Phone: ______________  Mobile Phone: ____________

Emergency Contact:
Name: ____________________________________________
Phone: ______________
Address: __________________________________________
Relationship to Camper: ___________________________

Health Information
Date of Last Tetanus Shot: ____________________________

Significant Health Problems: __________________________

Food Allergies: _____________________________________

Drug Allergies: _____________________________________

Current Medications: ________________________________

Health Insurance
Insurance Company: __________________________________

Mailing Address: _____________________________________
Street  City  State  Zip Code

Phone #: ______________  Policy #: ______________  Group #: __________

Insured’s Name: __________________________ Relationship to Applicant: __________
Summer Camps

Fee ($78) per day per student; campers charged only for days that SHC is open (no weekend/holiday charges). Fee payable by journal voucher transfer.

Department will need to provide list of campers/counselors receiving coverage and dates of camp.

Fee entitles participants to use SHC. No charge for office visit; lab, x-ray, physical therapy, and pharmacy charges apply. Charges will be at student rates.

Charges are due at time of service. Insurance will be filed if insurance information is provided.

We can provide a sample “Camper Registration Form”.
PARENTAL CONSENT FORM

MSU Design Discovery

Summer Design Workshop Web Site (Posting images on the web)

In accordance with the rules of the Design Discovery program, I hereby give my consent for ______________________ (student/camper) to participate in the Design Discovery workshop/camp events that, among other things, will include photo-documentation and web posting of student work and the students while engaging in the work, as well as some other events. Names or personal information will not be posted. The intent of the posting of images enables parents to see the workshop and events from a distance and virtually ‘keep up’ with the calendar of events; as well, this posting documents the experience for the attendees and for future campers.

I, as parent or guardian of the above named student, assume the risk, indemnify, and release Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out posting images on the official Design Discovery website for the duration of the workshop.

Student/Camper: ____________________________________________
(please print)

Parent/Guardian: ____________________________________________
(please print)

________________________________  Date: __________________
(signature)