

BLAZER MARCHING ACADEMY

Parent Handbook

June 20-22, 2019



THURSDAY, JUNE 20

*Commuters: Registration 8:30-9:00 a.m. at the Student Union Ballroom. Parking information below.
Lunch break 12:00-1:30 p.m.
Dinner break 5:00-7:00 p.m.
Final pick-up 9:00 p.m.*

8:30 a.m. Check-in and registration
Student Union Ballroom (3rd floor, elevators available)

Bring the following signed items with you to registration:

- Participation Agreement and Waiver Form for Minors
- Participant Code of Conduct
- Pick-up Authorization
- Authorization for Medical Care and Administer Medication

These forms are available at the end of this packet and on our website:
<http://www.valdosta.edu/musiccamp>

9:00 a.m. Student and parent/guardian meeting
Student Union Ballroom

- Faculty and staff introductions and a brief orientation
- Parents/guardians are free to leave after opening meeting

9:30 a.m. Clinics, classes, and workshops

12:00 p.m. Lunch break (Blazer Grille) and on-campus students move-in (Georgia Hall)

1:20 p.m. Commuter walking groups leave from Fine Arts Building loading dock

1:30 p.m. Clinics, classes, and workshops

5:00 p.m. Dinner break

6:50 p.m. Commuter walking groups leave from Fine Arts Building loading dock

7:00 p.m. Clinics, classes, and workshops

9:00 p.m. Commuter student pickup, on-campus students to dorms

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FRIDAY, JUNE 21

Commuters: Drop off 8:30-8:50 a.m. at the Fine Arts Building loading dock. Walking group leaves at 8:50 a.m.

Lunch break 12:00-1:30 p.m. Walking group leaves at 1:20 p.m.

Dinner break 5:00-7:00 p.m. Walking group leaves at 6:50 p.m.

Final pick-up 9:00 p.m.

8:00 a.m. Breakfast for on-campus students

8:50 a.m. *Commuter walking groups leave from Fine Arts Building loading dock*

9:00 a.m. Clinics, classes, and workshops

12:00 p.m. Lunch break

1:20 p.m. *Commuter walking groups leave from Fine Arts Building loading dock*

1:30 p.m. Clinics, classes, and workshops

5:00 p.m. Dinner break

6:50 p.m. *Commuter walking groups leave from Fine Arts Building loading dock*

7:00 p.m. Group activity night

9:30 p.m. Commuter student pickup, on-campus students to dorms

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SATURDAY, JUNE 22

Commuters: Drop off 8:30-8:50 a.m. at the Fine Arts Building loading dock. Walking group leaves at 8:50 a.m.

Final performance 10:30 p.m. No parking permit required.

Final pick-up 11:30 a.m.

8:00 a.m. Dorm check out and breakfast for on-campus students

- Drop-off luggage in Student Union Ballroom

8:50 a.m. *Commuter walking groups leave from Fine Arts Building loading dock*

9:00 a.m. Clinics, classes, and workshops

10:30 a.m. Final performance
Student Union Ballroom

- Parents/guardians invited
- No parking permit is required on Saturdays
- Casual attire

11:30 a.m. Wrap-up and parent/guardian pick up of students immediately after the final performance

12:00 p.m. Lunch break for students auditioning for Blazin' Brigade drumline and/or front ensemble

1:30 p.m. Blazin' Brigade drumline and front ensemble auditions
Whitehead Auditorium, Fine Arts Building

- Registration, schedule, music, and more information: <http://blazinbrigade.org>

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OUTDOOR HEALTH AND SAFETY

Camp staff will take extra precautions to ensure student safety. Students will be working indoors and outdoors and are responsible for:

- Eating a healthy breakfast, lunch, and dinner each day;
- Drinking *water* leading up to, during, and after camp—please bring a water bottle;
- Staying aware of how your body is feeling and be willing to let camp staff know of potential health problems before they happen.

If staff notices a student may not be feeling well, we will address the situation immediately.

Staff will also be aware of the weather forecast and evolving situations. Indoor locations have been identified for rehearsals and emergency needs.

REQUESTING ROOMMATES

To request a friend as a roommate, both parents/guardians of both students will need to email Benjamin Harper (bgharper@valdosta.edu) with the first and last names of who they would like their child to room with. This must be completed by 3:00 p.m. on Tuesday, June 18.

MEALS

All on-campus student meals are at Palms dining center on the VSU campus. Commuter students and guests may eat in the cafeteria, bring a sack lunch, or be picked up by an authorized parent/guardian to be returned by the start of the next activity. Individual meal rates are: \$6.50 breakfast, \$8.00 lunch, and \$9.50 dinner.

If you have a specific dietary need or preference (nut allergy, vegetarian, vegan, etc.), you must let camp staff know by 3:00 p.m. on Tuesday, June 18.

HEALTH CARE

Health forms are required to attend camp. Please fill them out in advance and bring the signed forms with you to camp check-in. Please report all health problems, chronic ailments, and continuing medications on your health forms. For non-emergency medical needs, parents/guardians as listed on the health forms will be contacted. Valdosta State Music Camps uses South Georgia Regional Medical Center for emergency medical needs and parents/guardians as listed on the health forms will be contacted as soon as possible. All charges for medical services are the responsibility of the student and parents/guardians.

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WHAT TO BRING

Clothing: Bring neat, casual, hot-weather attire with comfortable shoes for daily activities. T-shirts, strapped shirts, etc., must reflect good taste and shorts are acceptable as long as they provide adequate coverage. Shirts must not show an inappropriate amount of skin and open-back shirts (e.g., halter tops) are not permitted. Undergarments should not be visible.

Linens: Residence halls provide a set of linens. But you will need to bring a pillow, towel, washcloth, etc.

Toiletries: Make sure to bring your own soap, shampoo, toothbrush, toothpaste, sunscreen, and shower shoes.

Instruments and music: VSU is only able to provide mallet instruments. Brass, woodwinds, and battery percussionists should bring their own instrument.

- Brass and woodwinds (including section leaders and drum majors)
 - Instrument
 - Valve oil, reeds, etc.
 - Flip folder and lyre
- Battery percussion
 - Snare, tenors/quads, or bass
 - Stadium stand
 - Harness
 - Sticks and mallets
- Front ensemble
 - Sticks and mallets
 - Keyboard instruments are provided

All music will be provided.

PARKING

Parking on the VSU campus is by permit only Monday through Friday. We have arranged for non-permitted vehicles to park in the Oak Street parking lot through noon on Thursday. Parking permits are not required on weekends.

Commuter students will receive a parking pass for Thursday and Friday. This pass will be valid for the Oak Street parking lot only (not the parking garage).

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CELL PHONE USAGE

Students will be permitted to have phones with them until they become a problem. Students can use phones during breaks, at meals, or before/after the day's activities. Phones must be on silent and put away during camp activities. If a phone is removed from a student's possession, camp staff will work with parents/guardians to arrange for its return.

ATTIRE

Students should dress comfortably through camp. We will be outdoors as long as weather permits. Please wear comfortable, lightly colored clothing, athletic shoes, sunscreen, and head covering.

Students should also bring large water bottles.

REFUNDS

There are no refunds once camp starts, regardless of reason.

EMERGENCY CONTACT

Benjamin Harper, DMA
bgharper@valdosta.edu
Office (229) 249-4965
Cell (515) 890-9249

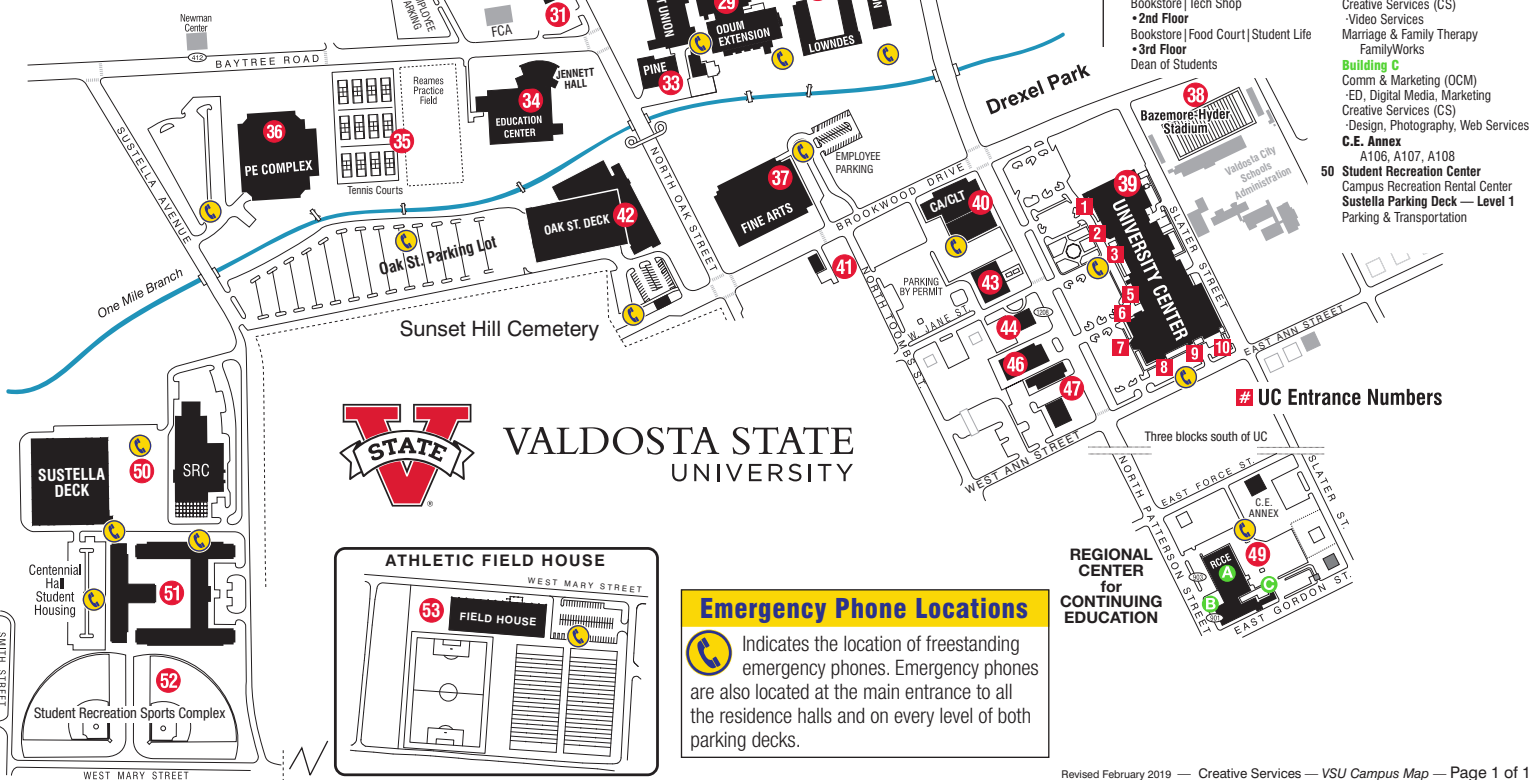
VSU CAMPUS MAP INDEX

- 1 Plant Operations
Central Warehouse
- 2 Athletic House
• Cheerleaders
• Golf Coach
• Softball Coach
- 3 Steel's Diamond at Blazer Park Softball Field
Billy Grant Baseball Field
Baseball Fieldhouse/Offices
- 4 Barrow Hall, *under renovation*
- 5 • Pound Hall
• Thaxton Hall
• Health Sciences & Bus Admin Bldg
SGMC Parking Deck
- 7 Band / IPO
- 8 My Friend's House/
(Alzheimer's Daycare Program)
- 9 CELT-Ctr for Ex in Learning & Teaching
- 10 Student Health Center/Infirmary
• Counseling Center
Center for International Programs
- 11 Scholar House
- 12 University Honors College
- 13 Music Annex
- 14 Powell Hall
- 15 Hugh C. Bailey Science Center
- 16 Georgia Residence Hall
Langdale Residence Hall
• Student Success Center
Reade Residence Hall
- 17 Retirement Walkway
- 18 Farbar Hall
- 19 Carswell Hall — *vacant*
- 20 Palms Dining Center
- 21 Ashley Hall
- 22 West Hall
- 23 Nevins Hall
- 24 Faculty & Staff Parking
- 25 Admissions Office (& Orientation)
- 26 Converse Hall (Academic)
- 27 Hopper Residence Hall
- 28 Brown Residence Hall
Patterson Residence Hall
Lowndes Residence Hall
- 29 Odum Library
- 30 Student Union
- 31 Enviro & Occ Safety
- 32 Pine Hall
- 33 Dewar College of Education & Human Serv
• Education Center
• Jennett Lecture Hall
- 34 Tennis Courts & Reames Field
- 35 PE Complex/Athletics
- 36 Fine Arts Bldg—COA
(Whitehead & Sawyer Theatre)
- 37 Football Field
- 38 University Center

- 40 Communication Arts / Curriculum, Leadership
& Technology Bldg.
Mass Media Bldg.
- 41 Radio House
- 42 Information Technology
University Police
- 43 Martin Hall—STEAM Center
- 44 Office of Social Equity
- 46 Printshop
- 47 Auxiliary Services
Campus Mail Services
- 49 RCCE
Marriage & Family Therapy
- 50 Student Recreation Center
Sustella Parking Deck
- 51 Centennial Residence Halls
- 52 Student Rec Sports Complex
- 53 Athletic Field House
Football Offices & Practice Fields
Soccer Offices & Stadium
Jessie Tuggle Weight Room

DEPARTMENT LOCATIONS

- 5 Thaxton Hall
106 SBDC
314 Student Advising Center
- 5 Pound Hall
1103 Aerospace Studies
1201 Veteran Resource Center
2004 English Language Institute
2201 Special Education
- 5 HSBA Bldg
• 1st Floor
Martin & Laura Lynn Miller
Family Clinic (Speech & Hearing)
Classrooms & Labs, CEMR
• 2nd Floor
Health Sciences, Social Work,
Comm Sci & Dis
• 3rd Floor
Dean LCOPA & Faculty Offices
3017C Accounting
3002P Economics & Finance
3002N Mkt & International Business
3002L Mgt & Healthcare Admin
• 4th Floor
College of Nursing & Health Sci
- 14 Powell Hall
Powell Hall
• 1st Floor East
Testing
• 2nd Floor East
Admin Suite
-Office of the President
-Academic Affairs
-Institutional Effectiveness
-VP for Student Success
• 1st Floor West
Office of Communications
Legal Affairs
- 15 Hugh C. Bailey Science Center
1036 Dean, COSM
2035 Biology
3025 Chemistry
- 16 Langdale Hall
Langdale POD Market
Centralized Advising Center
- 18 Farbar Hall
Access Office
- 21 Ashley Hall
1001 History
1001 Women's & Gender Studies
1202 Philosophy & Religious Studies
- 22 West Hall
Under Partial Renovation 2018-19
1306 Modern & Classical Lang.
2109 English
2301 Public Administration
2306 Political Science
- 23 Nevins Hall
1004 SAJ
1107 African-American Studies
1060 Dean, COHSS
2006 PAG
2070 Computer Science
2072 Mathematics
- 26 Converse Hall
2100 Psych & Counseling Dept.
2100 Graduate School
- 27 Hopper Hall
Blazer Sports Grille
Campus Mail Window & Boxes
Housing & Residence Life
SGA | Spectator | WVVS
- 29 Odum Library
2621 eLearning
4600 Library & Information Studies
4370 Archives & Special Collections
IT HelpDesk
New Media Center
The Learning Commons
- 30 Student Union
• 1st Floor
Bookstore | Tech Shop
• 2nd Floor
Bookstore | Food Court | Student Life
• 3rd Floor
Dean of Students
- 33 Pine Hall
IT-Information Technology
- 34 Education Center
Einstein Bros Bagels
1045 Middle, Secondary, Reading
& Deaf Education
1160 Elementary Education
2020 ACE
2041 Dean COEHS
2141 CAMP-College Assistance
Migrant Program
- 36 PE Complex
Athletics
165 K & PE
- 37 Fine Arts Bldg
1070 Art & Design
2004 Dean COA
2016 Music
2086 Theatre
- 39 University Center
• Entrance 1
Meeting Rooms
-Dogwood | Live Oak | Rose | Willow
UC Theater
3103 Employee & Org Development
• Entrance 2
Meeting Rooms
-Cypress | Executive Dining | Magnolia
Event Services
Food Court
Information Desk
• Entrance 3
Jewelry & Metals
Dance Studio
Printmaking | Sculpture
• Entrance 5
Career Opportunities
Financial Services | HR/EOD
Procurement | Registrar
VP Finance & Admin
• Entrance 6, 7
Bursary | Heard Services
Centralized Advising
Financial Aid
First Year Programs
-Learning Communities
-Summer Bridge Academy
-Ignite
Veteran's Affairs
• Entrance 8, 9
2037 So Ga College Entry Program
• Entrance 10
Interior Design | Graphic Design
- 40 Comm Arts / Curriculum, Leadership
& Technology Bldg.
Mass Media Bldg
- 42 Oak Street Deck — Level 2
Information Technology
• Office of the CIO
• Enterprise Applications & Analytics
Systems Operations
Infrastructure Services (& Network)
Institutional Research
University Police
- 49 RCCE—Continuing Education
Building A
• 1st Floor
Continuing Education
• 2nd Floor
Learning in Retirement
CS Photography Studio
• 3rd Floor
University Advancement
Advancement Services
Alumni Relations
Development
Ctr for So Ga Regional Impact
VSU Foundation, Inc.
Building B
Creative Services (CS)
-Video Services
Marriage & Family Therapy
Family Works
Building C
Comm & Marketing (OCM)
-ED, Digital Media, Marketing
Creative Services (CS)
-Design, Photography, Web Services
C.E. Annex
A106, A107, A108
- 50 Student Recreation Center
Campus Recreation Rental Center
Sustella Parking Deck — Level 1
Parking & Transportation



Emergency Phone Locations

Indicates the location of freestanding emergency phones. Emergency phones are also located at the main entrance to all the residence halls and on every level of both parking decks.

REGIONAL CENTER for CONTINUING EDUCATION

Three blocks south of UC



YSU PARTICIPATION AGREEMENT AND WAIVER FORM FOR MINORS

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name _____

Date(s) _____

Location _____

PARTICIPANT INFORMATION

Name _____

Address (include city/state/zip) _____

Phone (____) _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant, (Minor Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as _____ (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as but are not limited to athletic camps, after school programs, science camps, music camps, enrichment activities, swimming, overnight camps, lifting, crossing streets, parking lots, university transportation and intersections. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks. I am aware that Valdosta State University does not warrant the condition or adequacy of any equipment, premises, vehicle, pools or mode of transportation for any purpose.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the Valdosta State University, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the Valdosta State University, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents of the University System of Georgia, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually

bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Georgia Department of Early Care and Learning License Exemption

I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Photograph and Video Release:

I give Valdosta State University and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image, likeness or recording will become part of [the institution's] photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive [the institution] and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that Valdosta State University and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

VALDOSTA STATE UNIVERSITY PARTICIPANT CODE OF CONDUCT

Program/Activity/Camp Name: _____

Participant Name: _____

Parent/Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

Expectations of Behavior & Conduct:

1. Participants are expected to be respectful of others. No violence, including sexual abuse or harassment, will be tolerated. Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.
2. The inappropriate use of cameras, imaging, and digital devices is prohibited, including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
3. The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
4. Use of tobacco products is prohibited on all University property.
5. Misuse or damage of University property is prohibited. Charges will be assessed against those participants who are responsible for damage or misuse of University property.
6. No theft of property, regardless of owner, will be tolerated.
7. The operation of a University motor vehicle by minors is prohibited while attending the program.
8. The parking of staff and participant vehicles must be in accordance with University parking regulations.
9. Rules and procedures governing when and under what circumstances participants may leave University property during the program must be made explicit by the Program Administrator and communicated in writing to program participants, staff and to the Minor Coordinator.
10. Any Authorized Adult or Program Staff or other Mandatory Reporter, who, under Georgia law has reasonable cause to believe that suspected child abuse has occurred, shall immediately report the suspected abuse to the Valdosta State University Police Department and the appropriate supervisor or Program Administrator who is able to take immediate action. (The USG further expects that any other USG employee, whether a Mandatory Reporter or not, will also appropriately report suspected child abuse.) The institution must ensure that the Division of Family and Children Services is notified of the suspected abuse immediately and in no case later than 24 hours after the Authorized Adult or Program Staff (or other reporter) first had reasonable cause to suspect the abuse.

11. If the Authorized Adult believes that the Program Administrator and/or the Minor Coordinator may be involved in the allegations of assault or abuse, they shall inform University Police directly.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program I must comply with the Program’s rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program’s rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant Signature: _____

Date: _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program, Valdosta State University and the University System of Georgia. I further understand that my child’s violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child’s dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent/Guardian Signature: _____

Date: _____

Valdosta State University Pick Up Authorization

I. Personal Information (please print)

Today's Date: ____/____/____

Participant Name: _____ Age: _____

Parent/Guardian/Name: _____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child may be released to the Division of Family and Children Services.

III. Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent/Guardian Name*: _____

*Please note that only the enrolling parent will be permitted to complete this form.

VSU Authorization for Medical Care and Administer Medication

I. Basic Personal Information (please print)

Today's Date: ____/____/____

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: (____) _____ Email: _____

Work Phone Number: (____) _____ Home Phone Number: (____) _____

Height: _____ Weight: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact Phone Number(s): (____) _____, (____) _____

Contact _____ Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (____) _____

Insurance Provider: _____ Phone Number: (____) _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program? If yes, please explain.

Does your child require any assistance with his or her medications? If so, please explain:

IV. Authorization for Medical Care

I understand that my child is voluntarily participating in a program being held at Valdosta State University. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child’s mental, physical, or medical condition before the program begins.

I understand that Valdosta State University does **NOT** provide medical insurance for my child and that I should consult my child’s physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, Valdosta State University and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child’s participation in such voluntary program.

V. Authorization to Administer Medication

I hereby authorize the program staff to administer my child the below-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use, storage and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

Medications	Dosage	Instructions: Storage, Frequency, duration	Quantity Received	Special Instructions

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____