

Team 4099: RoboCamps
EMERGENCY PROCEDURES FORM

Purpose: To inform parents or legal guardians of our emergency procedures.

Medication

1. If a camper requires daily prescription or over the counter medications, the parent or legal guardian will be responsible for administration of the medication. RoboCamps staff are not permitted to dispense medication. Additionally, no camper is to self-medicate.
2. The Camp Director will work with parents to develop procedures for campers to have access to their personal EpiPen or inhaler (if applicable) for the duration of camp.

Medical Treatment

1. Anytime a camper is injured or becomes ill, the parent or legal guardian will be notified.
2. A First Aid station will be designated and equipped with a phone, a standard first aid kit, and any additional items needed for minor medical situations. This includes tweezers, Band-Aids, antibiotic ointment/cream, hand sanitizer, etc.
3. During camp operations, campers suffering from minor illness or injuries, will be escorted to the First Aid station to receive treatment.
4. In the event of a severe illness or injury, or in the event of a medical emergency, the Camp Director will be immediately contacted. The camper's emergency medical information form will be on hand. If necessary, 911 will be contacted to request EMS to treat/transport the injured to the nearest appropriate medical treatment facility. If the decision is made by EMS to transport the camper, a staff member will accompany or follow the ambulance to assist as necessary.
5. A Camper Accident/Incident Report will be completed by the staff member who witnessed the accident.

Lost Camper

1. If, at any point during a camp session, a camper cannot be accounted for, the situation will be immediately reported to the Camp Director and a search will be initiated until the camper is located. The camper's last known location and description will be provided to all camp staff. All areas of camp activities will be thoroughly combed. If the camper has not been located, the Camp Director will determine the next best course of action based on the information available at hand.
2. The Camp Director is responsible for notification of parents and coordination with any police or emergency service personnel.

I, _____, a parent or legal guardian of _____
(camper name) am aware of the emergency procedures that will be followed at
RoboCamps.

Parent/Guardian Signature

Date

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MEDICAL INFORMATION FORM

Purpose: To get important medical information about each camper.

Camper's Name

Camper's Age

Allergies or Medications*

Medical Conditions

Dietary Restrictions

Parent/Guardian Name(s)

Phone Number(s)

Emergency Contact (other than parent) Phone Number

Camper's Physician Phone Number

* Our staff is not permitted to dispense medication. Please make your own arrangements.

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LIABILITY WAIVER

I, _____, the parent/guardian of _____, acknowledge the contagious nature of the COVID-19 and the risk that my child may get injured by participating in RoboCamps if they do not follow the proper instructions.

I further acknowledge that Team 4099 has put in place preventative measures to reduce the spread of the COVID-19.

I further acknowledge that Team 4099 will provide proper instructions on how to use the physical materials provided. I understand that failing to follow these instructions or any injuries resulting from doing so are my own liability.

I further acknowledge that Team 4099 can not guarantee that I will not become infected with the COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, team members and their families.

I further acknowledge that Team 4099 will be collecting proof of vaccination and enforcing a mask-wearing policy. I understand that I am expected to follow these policies and only attend RoboCamps if I have not shown symptoms of COVID-19 for sufficiently long as per CDC guidelines, and I will notify Team 4099 as soon as possible if I test positive for COVID-19. I understand that failing to adhere to these policies may increase the risk of becoming exposed to and/or infected by the COVID-19 for all parties involved.

I voluntarily attend the camps provided by Team 4099 and acknowledge that I am increasing my risk of exposure to the COVID-19.

Parent/Guardian Signature

Date

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AUTHORIZED SIGN-IN/SIGN-OUT FORM

I understand it is my responsibility to provide transportation for my child to/from this program.

I authorize my child _____ to participate in self drop-off/check-out at the end of RoboCamps each day. My child will:

- ☐ transport themselves home independently.
- ☐ be transported by an authorized parent/guardian.

Authorized Parent/Guardian 1

Authorized Parent/Guardian 2

I, as a parent/guardian, understand that by permitting my child to self drop-off/check-out from RoboCamps, I have waived all claims against the organizers and its employees for injury, accident, or illness occurring by reason of self drop-off/check-out.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Phone Number

Parent/Guardian Email

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MEDIA CONSENT FORM

I, _____, being the legal parent or guardian of
_____, do hereby understand that there will be photographs and videos
taken during camp activities and that they may be published and used by Team 4099 to illustrate
and promote the camp experience, RoboCamps, or Team 4099's robotics program.

- ☐ I give my permission and consent to allow photographs of my child to be used for the
purposes specified above. I understand that my child will be blurred out in any
photographs that are published by Team 4099.

Note: An unchecked box will be assumed as "no permission given". Your child will be either
asked to step out of photos taken during camp activities or blurred out in any photographs that
are published by Team 4099.

Parent/Guardian Signature

Date