



2013 REQUIRED FORM

internalDrive.com
42 West Campbell Ave, Suite 301
Campbell, CA 95008

*Student First Name: _____ *Student Last Name: _____

For your convenience, all required fields are highlighted and marked with a (*). These fields must be completed. This information is to be completed by the student's parent/guardian. Please read through it carefully and contact a Program Advisor at 1-888-709-TECH (8324), or 408-871-2227, option 1 with any questions.

Please complete this form and return it to our office by May 15, 2013. Please note, there is a \$25 late fee if your completed form is not sent back to internalDrive by May 15, 2013. If you requested this form on or after May 15th, please complete and send back within 72 hours to avoid a \$25 late fee. To return this form, please mail to the address below or fax to 408-871-2228.

iD Tech Camps
ATTN: Required Forms
42 W Campbell Ave Ste 301
Campbell CA 95008

The policies in this document and all references to iD Tech Camps apply to all programs run by internalDrive, Inc., including but not limited to iD Gaming Academy, iD Programming Academy, iD Visual Arts Academy, iD Onsite and iD Beta Camp. All terms that reference iD Tech Camps also apply to iD Gaming Academy, iD Programming Academy, iD Visual Arts Academy, iD Onsite and iD Beta Camp. All references to camp or camp weeks apply to sessions at iD Gaming Academy, iD Programming Academy, iD Visual Arts Academy, iD Onsite and iD Beta Camp.

Emergency Contact Information

PRIMARY CONTACT (Parent/Guardian)

* Primary Contact Name: _____ * Relation to Student: _____

* Home Phone: (_____) _____ * Cell Phone: (_____) _____

Work/Alt. Phone: (_____) _____ *Email: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____ * Country: _____

SECONDARY CONTACT (Must be local. If you do not have another local contact, please list a person able to come to campus in case of an emergency.)

*Secondary Contact Name: _____ * Relation to Student: _____

* Home Phone: (_____) _____ * Cell Phone: (_____) _____

Work/Alt. Phone: (_____) _____

Check-Out Policy

In order to ensure a safe and secure check-out process at each location, we ask that guardians of commuting students respect the check-out window. Unless prior arrangements are made with the Director, please do not expect students to be available for pick-up any earlier than the posted check-out window.

Teen Sign-Out Policy (Ages 13-18)

Commuting teens will sign out with our staff at the end of the day. Once teens sign out with our staff, they are no longer officially in our care. Of course, all students will be escorted by our staff to the designated pick-up location.

Pre-Teen Sign-Out Policy (Ages 7-12)

Pre-Teens must be signed out of our care by the primary guardian or an authorized pick-up person. We use a Code Word system daily to release pre-teens to guardians.

* Will your pre-teen ever transport him/herself from iD Tech Camps on foot, by bike, or public transportation? ☐ YES ☐ NO
(Check one) Selecting YES authorizes your pre-teen to sign him/herself out of camp.

Only share this code word with those responsible for picking up your student. This will be used to release your student.

* CODE WORD: _____ (10 characters or less)

In case the code word is forgotten, the additional named individuals have permission to pick up my student from the specified internalDrive location upon showing a valid driver's license or passport:

Additional Authorized Pick-Up Person #1:

Authorized Pick-Up Name: _____ Relation to Student: _____

Contact Phone: (_____) _____

Additional Authorized Pick-Up Person #2:

Authorized Pick-Up Name: _____ Relation to Student: _____

Contact Phone: (_____) _____

If you would like to authorize more than 2 additional pick-up people, please indicate on an attached sheet of paper.

Health Insurance

All parents/guardians, regardless of health insurance status, are financially responsible for their students. You hereby release internalDrive from any such financial responsibility.

____ Initial only if your student is NOT covered under a health plan, or if you DO NOT wish to enter the information below. However, we strongly encourage you to enter the important information below, in case of emergency.

* Physician Name: _____ * City: _____ * Phone: (_____) _____

* Medical Insurance Carrier: _____

* Policy Number: _____ (In order for the hospital or treating doctor to verify insurance coverage)

* Policy Holder Name: _____ Policy Holder Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Health History

* Should student be restricted from any activity due to health reasons, etc.? ☐ YES ☐ NO (Check one)

If YES, Please explain:

* Please identify any past/current medical conditions (physical/mental) that require special attention ☐ YES ☐ NO (Check one)

If YES, Please explain:

ALLERGIES & DIETARY RESTRICTIONS (For instance, nut allergy)

It is imperative that our staff is made adequately aware of any allergies your student has. If your student has a life threatening allergy, please also contact a Program Advisor at 1-888-709-TECH (8324), or 408-871-2227, option 1.

* My student has allergies and/or dietary restrictions: ☐ YES ☐ NO (Check one)

* If you selected YES above, please check ALL known allergies:

☐ Hay Fever ☐ Asthma ☐ Eczema ☐ Insect Stings ☐ Nuts ☐ Gluten ☐ Dairy ☐ Eggs ☐ Meat

Other: _____

* If you selected YES above, please describe the severity and/or any reaction to the student's allergies:

iD's Health & Wellness Priorities

Our staff members need to focus on administering crucial prescription medications only.

- Please refrain from bringing non-essential vitamins and/or supplements to camp.
- Commuting students should not bring non-essential medications or vitamins. Please take them at home before coming to camp.
- Vitamins and over-the-counter medications such as Benadryl, Midol or cough syrup must be added to this form below. These will be held in our possession. Note: Our staff can obtain basic over-the-counter medicines and administer to students with guardian permission. If the need arises during your student's stay with us, we will contact you.

* Will this student be taking prescribed and/or over-the-counter medicines while at camp? ☐ YES ☐ NO (Check one)

* Will this student be bringing a diabetic testing kit, inhaler, EpiPens, or injections/syringes? ☐ YES ☐ NO (Check one)

* ____ (Please initial) I understand that it is my responsibility to update this information if my child begins taking medications or if there are changes to current medications.

Medication Administration Policy

In most cases, our camp personnel are not professional nurses or doctors, and have not been trained in medicine. Our camp personnel have, however, been trained in iD medication administration procedures and policies. Please take the time to update this form as necessary, and as close to camp as possible, as we realize your student's needs may change.

For the safety of our students, **please note that students cannot be admitted to camp if these procedures are not followed:**

- **ALL medication(s) must be brought to camp in their original containers on your student's first day.** The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. **Please do not bring medication in any other containers.**
- All medication brought to camp must match what is listed in this form. Any discrepancies may result in delays at check-in. **Our staff will only administer the dosage as listed on the original container. Please provide a physician's note if your student's dosage differs from what is listed on the original container.**
- Upon arrival at camp, all medications must be placed in the possession of our staff who will keep all medications in a locked pouch. Our staff will then discreetly administer the medication(s) per the physician's specifications.

Bringing diabetic testing kit, inhaler, EpiPens, or injections/syringes? Please list them below.

- **Diabetic Testing Kits and Inhalers:** Students may hold onto diabetic testing kits and inhalers.
- **EpiPens: We REQUIRE two (2) EpiPens** so that one can remain with the student and one with our staff at all times. We cannot admit your student into camp without 2 EpiPens. We require this for your student's safety.
- **Injections/Syringes:** Students needing injections (insulin, hormones, etc.) will need to self-administer this medication under observation of our staff. These students must also bring their own SHARPS disposal container to camp if they are bringing injection-type medications. The container needs to be held by the staff members along with the medications to ensure safety of others. The container with the used needles must be taken back home with the student.

* If you selected YES for medication, please take the time to complete all fields on the form below. Should you need to list more than 4 medications, please use the attached Additional Medication Form and give to your Camp Director on the first day of camp.

Medication Name: _____	Dosage: _____	Reason: _____	Take w/Food? Y / N (Select One)
Time Taken: ___ During Breakfast ___ During Lunch ___ During Dinner ___ At Bedtime ___ Other (Specify Time: _____)			
Side Effects: _____			
Medication Name: _____	Dosage: _____	Reason: _____	Take w/Food? Y / N (Select One)
Time Taken: ___ During Breakfast ___ During Lunch ___ During Dinner ___ At Bedtime ___ Other (Specify Time: _____)			
Side Effects: _____			
Medication Name: _____	Dosage: _____	Reason: _____	Take w/Food? Y / N (Select One)
Time Taken: ___ During Breakfast ___ During Lunch ___ During Dinner ___ At Bedtime ___ Other (Specify Time: _____)			
Side Effects: _____			
Medication Name: _____	Dosage: _____	Reason: _____	Take w/Food? Y / N (Select One)
Time Taken: ___ During Breakfast ___ During Lunch ___ During Dinner ___ At Bedtime ___ Other (Specify Time: _____)			
Side Effects: _____			

Special Needs

* Does your student have special needs? ___ YES ___ NO (Check one)

* If you selected YES above, will your student bring an aide to assist with his/her special needs? ___ YES ___ NO (Check one)

Please phone 1-888-709-TECH (8324), or 408-871-2227, option 1 if you selected YES above. Please note, you must contact the internalDrive office at least twenty (20) business days prior to the start of the session so that there is sufficient time to accommodate your needs and run a background check on your student's aide. The aide will not be admitted to camp without a favorable background check.

You understand that if your student requires an aide at school then he/she will need to be accompanied by an aide at camp and that you will need to provide internalDrive with an aide for the duration of the camp session. You further understand that you will be responsible for charges for room and board for the aide (if applicable). According to internalDrive policy, the aide must be over age 18, may not be the parent/guardian, may not be a sibling, and must achieve a favorable result on a criminal background check prior to attending our camps.

Immunizations

Students are not required to have had these immunizations prior to attending camp. However, this information is used to assist medical personnel in case of an emergency so we highly recommend you provide this information to us.

Vaccine	Write the Most Current Immunization Year	Or Circle YES or NO if Unsure of Date
Tetanus: (Td, TT, DT)	_____	YES / NO
Diphtheria, Tetanus, Pertussis: (DTaP, DTP, Td, DT, TT, Tdap, DTaP-IPV-hepB)	_____	YES / NO
Polio: (IPV, OPV, DTaP-IPV-hepB)	_____	YES / NO
Measles, Mumps, Rubella: (MMR, MMRV)	_____	YES / NO
or Measles	_____	YES / NO
or Mumps	_____	YES / NO
or Rubella	_____	YES / NO
Haemophilus Influenza Type b: (Hib, DTaP-Hib/DTP-Hib, HepB-Hib)	_____	YES / NO
Hepatitis A: (HepA, HepA-Hib, DTaP-IPV-hepA)	_____	YES / NO
Hepatitis B: (HepB, HepB-Hib, DTaP-IPV-hepB)	_____	YES / NO
Varicella (chicken pox): (VAR, MMRV)	_____	YES / NO

Student Assessment

An assessment of your student will be made at camp the first day to gauge what they know about the subject matter being taught. Is there any information we need to pass on to the instructor? Learning style? Group behavior? Etc.?:

School

We'd like to provide school group discounts for the upcoming season. The information is not required, but it is very helpful to us. The information is kept confidential, and is not shared.

Name of school student attended this year: _____

Grade student will be starting in the fall: _____ School District (public schools only): _____

School City: _____ School State: _____

Health Authorization

I, the parent/guardian of the above named student, hereby give permission to the camp to provide routine healthcare, administer prescribed medications, and seek emergency medical treatment, including ordering of x-rays or routine tests. I give permission to the medical staff selected by the camp to secure and administer treatment for the named student including emergency medical or surgical treatment and hospitalization, if necessary.

I will be financially responsible for any medical attention needed during camp or resulting from any injury received at camp.

I understand that every attempt will be made to contact me or the contact person listed above in case of an emergency. I give permission to the camp to arrange necessary related transportation for the student. I agree to release any records necessary to the medical professionals for insurance purposes.

By signing this form, it certifies that I, the parent/guardian, agree to the terms stated within this form, and have taken the time to ensure that all information is up-to-date and accurate.

* Parent/Guardian First Name: _____ * Parent/Guardian Last Name: _____

* Parent/Guardian Signature: _____ *Date: _____