

# PARENTAL CONSENT FORM

**This form MUST be completed, signed, and included with your registration form and payment.**

Student's legal name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's legal name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's legal name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**NOTE: All adults (including parents) will be required to sign students both in and out at the time of pick up and drop off and will be required to provide photo identification at the time of student pick-up. Parents must provide written authorization in advance if any adult other than those listed above will be picking up their student.**

## Parental Consent/Responsibilities

1. The health information provided is complete and correct to the best of my knowledge and my child has permission to engage in all program activities. I understand that my child will not be able to attend Summer Scholars until a **completed** "Youth Camp Health History Form MDH -4768 is submitted.
2. I understand that in case of an illness, injury, allergic reaction or any other medical situation or emergency involving my child, Wor-Wic has no health care facility or health care staff able to provide treatment. College employees will provide necessary and reasonable care for my child and, if deemed necessary, have my child transported to a health care facility. I will also ensure that my child has personal medical coverage and accident insurance. Wor-Wic does not provide accident insurance for students.
3. Wor-Wic will not be responsible for keeping and/or administering my child's medications or monitoring my child's existing medical condition(s). If a child will be self-administering medication, the parent is responsible for submitting an "MDH Medication Authorization Form" signed by the parent and the physician. Email summerscholars@worwic.edu or call 410-334-2815 to get an "MDH Medication Authorization Form."
4. I authorize Wor-Wic to confirm my child's participation in this program with the child's school and/or Board of Education and the release of my child's placement record to Wor-Wic. This information may be needed to verify gifted/talented status and may be submitted to the Maryland Higher Education Commission along with other enrollment data.
5. I understand that my child must abide by the rules and regulations of Wor-Wic. Disruptive and inappropriate behavior will not be tolerated and may result in dismissal with no refund.
6. All adults (including parents) will be required to sign their student both in and out at the time of pick up and drop off and will be required to provide photo identification at the time of student pick-up. Parents must provide written authorization in advance if any adult other than those listed above will be picking up the student.
7. Authorized adult(s) may sign students in at their classroom no earlier than 15 minutes prior to the start of class and must pick up their child promptly after class. There may be a \$10 late fee charged for every 15 minutes of lateness.
8. My child has permission to be photographed, interviewed and videotaped by Wor-Wic and/or other Summer Scholars participants for publicity, marketing and/or educational purposes.
9. I understand and voluntarily assume all risks inherent in the nature of this activity and I waive and release all claims, costs, liabilities, expenses and judgments against Wor-Wic. I release Wor-Wic and its representatives from liability arising out of my child's participation in Summer Scholars activities at Wor-Wic. Wor-Wic is not responsible for personal items brought or left on campus.
10. This form must be signed and dated in order for the student to be registered. I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify Wor-Wic of any change in this information. I understand that I am financially responsible for all charges I incur at Wor-Wic and will comply with all of the college's policies and procedures.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date