2012 Urban Planning Summer Camp

Application Form

# Student Information

First Name:

Last Name:

Home Phone:

Street Address:

“Designing a dream city is easy, rebuilding a living one take imagination.”~ Jane Jacobs (The Death and Life of Great American Cities)

Address Line 2:

City:

State:

Zip Code:

School:

Grade Level:

# Parental/ Guardian Information

Name(s):

Cell Number:

Work Number:

E-mail address:

# Student Name:

# Emergency Contact Information

Doctor’s Name:

Doctor’s Phone:

Emergency Contact 1

 Name:

 Relationship:

Home/Cell Phone:

Work Phone:

Emergency Contact 2

 Name:

 Relationship:

 Home/Cell Phone:

 Work:

Medical Restrictions/ Limitations

Does your child have any limitations or restrictions? Please explain the restrictions and or limitations to activities (e.g. what cannot be done, what adaptations or limitations are necessary)

Are there any special needs that the staff needs to be aware of? This includes medical and learning needs. Please list any prescription and over the counter medications your child is currently.

Does your child have any known allergies; this would include food, animal, or medications. Please list below.

It should be noted that a basic emergency kit will be on the premises at all times along with access to Savannah State Security personal. Each camper is required to have a medical needs and restrictions document filled out in order to participate in the program. In the event of an emergency, we will make an attempt to notify parents immediately. If necessary emergency transportation will be handled by 911 and, or local emergency services. Any medications that are needed by the student during the duration of the camp day will need to administered at home when possible. Medications will NOT be administered by camp staff as they do not have the authority to administer prescription medications. Parents or guardian will need to come to camp and administer medications if necessary.

**IMPORTANT- This box must be completed for attendance**

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless Savannah State University, the Urban Studies and Planning Department, its staff and appointed assistants. I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Parent/ Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

 I hereby give permission to the Urban Studies and Planning Department to provide routine health care and seek emergency medical treatment if necessary. I give permission to the staff to arrange necessary related transportation for me/my child the case of emergency. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

**Signature of parent or guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Pick-up Information

We will not release your child to anyone not previously authorized by you. Please fill out the information below to authorize individuals who can pick up your child.

Names of Parent(s)/Guardian(s) authorized to pick up child:

Name of others authorized to pick up child:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Recommendation

Your student is applying to participate in this summer Box City Project presented by Savannah State University. We are requesting that all those interested in the camp have one of their teachers fill out the following form, as we are looking to provide all students with an enriching experience. This program is for all students between the 2nd and 5th grades and is not exclusive to gifted students. Your comments are very useful and greatly appreciated.

Student’s Name:

Teacher’s Name:

School Name:

Teacher’s E-mail:

Subject Taught:

Please use the range of 1-5. (1 being “Below Average” and 5 being “Excellent”)

Works well with others

Respects authority

Adapts easily to new surroundings

Shows self-control

Enthusiasm for learning

Prompt during activities

Has positive attitude toward school

Comments: