

PARENTAL CONSENT FORM

MSU ibuild Summer Camp

Medical / Insurance Releases (page 1)

In accordance with the rules of the _____ Camp, I hereby give my consent for _____ (applicant) to participate in the recreational and instructional activities that are a part of the camp/workshop. The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical and craft-making activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of the applicant's participation in the Camp program. If at any time it is necessary for the applicant to receive outside or professional medical attention, we hereby give our consent to the Camp staff and applicant's advisor to select and secure such medical services as are deemed necessary or desirable and to secure whatever transportation is deemed necessary. I understand that while at camp, the applicant is eligible to use the Mississippi State University Health Center on campus. I also understand that there is a fee for these medical services. I authorize the release of any medical or other information necessary to process any insurance claim. I authorize payment of medical benefits to the supplier of medical services. I accept responsibility for charges not covered by insurance

Camper: _____
(please print)

Parent/Guardian: _____
(please print)

(signature) Date: _____

(Please complete both sides of the form.)

PARENTAL CONSENT FORM

MSU ibuild Summer Camp

Medical / Insurance Releases (page 2)

(Please print or type and fill in completely.)

Camper Information

Camper: _____
Last First Middle

Home Address: _____
Street Number

Home Phone: _____ Mobile Phone: _____
City State Zip Code

Office Use Only

Room # _____

Hall _____

Key Ret'd _____

Counselor _____

Emergency Contact: _____
Name Phone

Address Relationship to Camper

Health Information

Date of Last Tetanus Shot: _____

Significant Health Problems: _____

Food Allergies: _____

Drug Allergies: _____

Current Medications: _____

Health Insurance

Insurance Company: _____

Mailing Address: _____
Street City State Zip Code

Phone #: _____ Policy #: _____ Group #: _____

Insured's Name: _____ Relationship to Applicant: _____

PARENTAL CONSENT FORM

MSU ibuild

Summer Camp Website (Posting images on the web)

In accordance with the rules of the ibuild Summer Camp, I hereby give my consent for _____ (student/camper) to participate in the iBuild Summer Camp events that, among other things, will include **photo-documentation and web posting** of student work and the students while engaging in the work, as well as some other events. Names or personal information will not be posted. The intent of the posting of images enables parents to see the workshop and events from a distance - - - and virtually 'keep up' with the calendar of events; as well, this posting documents the experience for the attendees and for future campers.

I, as parent or guardian of the above named student, assume the risk, indemnify, and release Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out posting images on the official website and social media for the duration of the camp.

Student/Camper: _____
(please print)

Parent/Guardian: _____
(please print)

(signature) Date: _____