2019 Summer Scholars Forms or Information to Submit

Please be sure to register online prior to submitting these forms. Enrolling online is the only way to ensure a spot in the program.

- CU Camp/Program Health Examination Form
- Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs
- CU Housing Release of Liability Form for Individuals Under Age 18
- Photography Consent/Model Release Form for Minor Children
- Scholar Personal Vehicle Use and Parking (if applicable)
- Check-Out Form (if applicable)
- Letter of recommendation from a teacher, guidance counselor or school principal (only needed if GPA is below 3.3)
- **High School Students** - Transcript showing GPA
- **Middle School Students** - Most Recent Report Card

Forms may be submitted via the following options:
Email: cusummerscholars@clemson.edu

Mail: Clemson Summer Scholars
2045 Barre Hall
Clemson, SC 29634

Clemson University Youth Camp/Program Health Examination Form
Clemson University Summer Scholars
Clemson University Camp/Program Health History
Form A

To Parent(s)/Guardian(s): Please follow the instructions below: Attach additional information if needed.

Participant Name: ___________________________ First ___________________________ Middle Initial ___________________________

Dates will attend camp/program: from ______/_____/______ to ______/_____/______  

Birth Date: ______/_____/______ Sex: ______ Age on arrival at camp/program: ______  

Parent or Guardian with legal custody to be contacted in case of illness or injury:

Name: ___________________________ Relationship: ___________________________ Preferred Phone: (____) (____) (____) ___________________________ Email: ___________________________

Home Address: ___________________________ Street & Number ___________________________ City State Zip ___________________________

Second parent/guardian or other emergency contact:

Name: ___________________________ Relationship: ___________________________ Preferred Phone: (____) (____) (____) ___________________________ Email: ___________________________

Additional contact in event parents(s)/guardian(s) can not be reached:

Name: ___________________________ Relationship: ___________________________ Preferred Phone: (____) (____) (____) ___________________________ Email: ___________________________

Allergies:_☐_ No Known Allergies.

☐ This participant is Allergic to:
  ☐ To Foods (list) Reaction: ___________________________
  ☐ To Medications (list) Reaction: ___________________________
  ☐ To the environment (Insect Stings, Hay Fever, etc.-list) Reaction: ___________________________
  ☐ Other (list) Reaction: ___________________________

Diet, Nutrition:_☐_ This participant eats a regular diet. ☐ This participant eats a regular vegetarian diet. ☐ This participant is Lactose intolerant. 
  ☐ This participant is gluten intolerant. ☐ Other, please explain in space.

Restrictions:

☐ I have reviewed the program and activities of the program and feel the participant can participate without restrictions.

☐ I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations: (Please describe below)

PARENT AUTHORIZATION & PERMISSION TO TREAT:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the program director to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature: ___________________________ Date: ___________________________ Relationship to participant: ___________________________

Revised 1/1/17
Medication:  
☐ This participant takes NO medications on a routine basis  
☐ This participant takes medications as follows (attach additional pages if needed)

<table>
<thead>
<tr>
<th>Medication &amp; Dose given</th>
<th>Dosage</th>
<th>Times Taken each Day</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-prescription medications may be stocked by the program and are used on an as needed basis to manage illness and injury. Please list any non-prescription medications that the participant should not be given.

Health History: Check "yes" or "no" for each statement. Explain, "yes" answers below.

Has/does the participant:

1. Ever been hospitalized?  
2. Ever had surgery?  
3. Have recurrent/chronic illness?  
4. Had recent infectious disease?  
5. Had recent injury?  
6. Have diabetes?  
7. Had seizures?  
8. Had headaches?  
9. Have history of bedwetting?  
10. Have any skin problems?  
11. Wear glasses, contacts, or protective eyewear?  
12. Had fainting or dizziness?  
13. Ever had back/joint problems?  
14. Passed out/had chest pain during exercise?  
15. Have problem with falling asleep/sleepwalking?  
16. Had mononucleosis during the past 12 months?  
17. If female, have problems with periods/menstruation?  
18. Have problems with diarrhea/constipation?  
19. Had asthma/wheeze/shortness of breath?  
20. Travel outside the country in the past 9 months?

Please explain "yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Immunization History: Provide the month and year for each immunization. Copies of immunizations forms from health-care providers or state or local government are acceptable; please attach to this form.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Most Recent Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>Month/Year</td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis (DTaP) or (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus booster (T) or Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps, measles, rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type B ( Hib)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal meningitis (MCV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB) test</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Negative/Positive</td>
</tr>
</tbody>
</table>

If your participant has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodil [signature]  
Parent/Guardian [signature]  
Date: [date]  
Relationship to Participant: [relationship]

Revised 1/1/17
Mental, Emotional, and Social Health: Check “yes” or “no” for each statement.

Has the participant:
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? □ Yes □ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? □ Yes □ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? □ Yes □ No
4. Had a significant life event that continues to affect the participant’s life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) □ Yes □ No

Please explain “Yes” answers in the space below, noting the number of the questions. The camp/program may contact you for additional information.

Medical Insurance Information:
This participant is covered by (family medical/hospital) insurance: □ Yes □ No

Health Care Providers:
Name of participant’s primary doctor: ____________________________ Phone: (____) ____________
Name of dentist: _____________________________________________ Phone: (____) ____________

Individual Health Notes (For Camp Use Only)

Provider notes (date/time/initial all entries):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Revised 1/1/17
Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs

I, __________________________, am the parent and/or legal guardian of ________________________________, a minor child under the age of 18 years. I would like to have my child participate in the following camp at Clemson University (University): ________________________, which will take place on ____________, 2019.

In consideration for my child being allowed to participate in this camp, I the undersigned, acknowledge, appreciate and agree that:

1. This camp affords my child the opportunity to participate in activities, including, but not limited to: academic activities in studio’s and laboratories; academic activities in streams and freshwater ponds; academic activities in barns and other nontraditional classrooms; academic activities with potentially hazardous chemicals, biological specimens, and laboratory equipment; exploring nature and the outdoors; walking/hiking; swimming; riding in vans and buses for transportation; and participating in specialist-led activities. There are inherent risks involved with these activities, including but not limited to: environmental hazards, exposure to plant and animal tissue, burns, slips and falls, dehydration, fatigue, insect bites, drowning, and being injured by the negligent acts or omissions of other participants. The physical risks of participating range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage and, in extraordinary cases, even death. The properties on which the activities are conducted includes hilly, rocky and wooded terrain, creek beds, potential harmful plants and animals, which may bite or sting. Injuries may be a natural consequence of the undertaken as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or failure to exercise reasonable care by instructors, staff or participants, or otherwise, and may occur in spite of the reasonable efforts of instructors and staff to prevent them. In all cases, those inherent risks, as well as other risks of injury or death to persons or damage to property, which are not inherent and whether or not described above, must be accepted by those who choose to participate. I choose to voluntarily allow my child to participate in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this camp. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that this camp is physically strenuous and I know of no medical reason why my child should not participate.

4. I understand that Clemson University and Summer Scholars do not assume responsibility for any items lost or stolen during the camp.

5. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this camp, whether caused by negligence of the University, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the University for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this camp.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

__________________________________________________
Signature of Parent and/or Legal Guardian

______________
Date
Clemson University
Acknowledgement of Responsibility and Indemnification Form for Minors – Summer Programs

I, __________________________ (print full name of parent or legal guardian) understand that the participation of my child or ward (hereafter the “participant”), __________________________ (print full name of minor) in a Clemson University summer program to be housed on the Clemson University campus from __________ (date) to __________ (date) requires my agreement to certain conditions. In consideration of the participant’s inclusion in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

(1) I am the legal parent or guardian of the participant named above.

(2) I agree to hold Clemson University, its board of trustees, officers, directors, administrators, employees, representatives, masters, servants, agents, volunteers, successors, and assigns (hereafter, the “University”) harmless in regards to any legal claim or financial obligation for any participant’s personal property that may have been lost, damaged, or stolen during the summer program. Further, I understand that all participants in the University’s summer programs are encouraged to carry appropriate insurance to cover such losses.

(3) I am responsible for the condition of the residence space assigned to the participant and shall reimburse the University for any and all damage to the space as well as any damage to or loss of fixtures, furnishings, or properties furnished under the contract. Further, I acknowledge that no alterations may be made to the residence space, its fixtures or furnishings.

(4) I agree that the participant will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, and kitchens are not abused. I will reimburse the University for any damage caused by the participant to communal property, the participant’s residential space, or to any other University property. In halls or areas where the University has determined that there is abuse or destruction of University property and the responsible individual(s) cannot be identified, all summer programs participants assigned to the building in which the common space is located may be held responsible for paying a prorated portion of repair and/or replacement costs. In such event, I agree to pay the prorated repair and/or replacement costs on behalf of the participant.

5) I understand that I am responsible for any key issued to the participant. Keys are issued at check-in. Keys must be returned when occupancy is terminated. If a key is lost or not returned when occupancy is terminated, the lock will be recored and new keys will be made. The cost for these services is $75 per key/key fob lost and will be charged to the participant. All keys are property of the University and bear the statement “State of S.C., Do Not Duplicate.” Those violating this provision, or who possess keys other than the one assigned to them are subject to eviction from University housing.

6) I agree that the participant will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that the participant will be immediately removed for possession or use of illegal substances, illegal possession or use of alcoholic beverages, destruction of property or disruptive behavior. Smoking is prohibited in all University housing facilities. I understand that the University may remove the participant for non-compliance with University Housing Summer Programs residency rules or local, state and/or federal law.

7) I hereby agree to indemnify and hold the University harmless from and against any and all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with participant’s inclusion in the University’s summer programs including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal.

REQUIRED SIGNATURE

Participant Name___________________________________________

Parent or Legal Guardian Name___________________________________________

Parent or Legal Guardian Signature___________________________________ Date: ________________
Photography Consent/Model Release Form
For Minor Children (under 18)

I, ___________________________________________________________________________, parent or legal
guardian of _____________________________________________________________________

(print parent or guardian name)

(child’s name)

Do hereby grant permission to the CU Summer Scholars program and its employees or
representatives, to take and use: photographs, video and/or digital images of my child for use in
promotional or educational materials pertinent to the CU Summer Scholars program as follows:

• In printed publications or materials
• In electronic publications or presentations
• On the Clemson University website (www.clemson.edu)

I agree that my child’s identity (check one) □ may be revealed □ may not be revealed
in descriptive text or commentary in connection with the image(s). I authorize the use of these
images indefinitely without compensation to me. All negatives, positives, prints, digital
reproductions and video shall be the property of Clemson University and CU Summer Scholars.

__________________________________________
Name of parent/ legal guardian
PLEASE PRINT

__________________________________________
Signature of parent/ legal guardian

Date

__________________________________________
Address

__________________________________________
City, State, Zip
SCHOLAR PERSONAL VEHICLE USE AND PARKING

Summer Scholars

My child, ________________________, will be driving his/her personal vehicle to campus before check-in and from campus after check-out.

Parking permits are needed for the week of the program. Please request those from CU Summer Scholars staff upon arrival

I understand that my child will not have use of his/her personal vehicle throughout the week and will only be allowed to leave campus in his/her personal vehicle after check-out.

Parent Name ____________________________________________________________

Signature ___________________________ Date ___________________________
CHECK-OUT FORM
Summer Scholars

My child, ____________________________, has my permission to be signed out to the following individuals:

<table>
<thead>
<tr>
<th>Full Name (please print clearly)</th>
<th>Date &amp; Time OUT</th>
<th>Date &amp; Time IN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue on back if necessary

Your child will be released only to the person(s) indicated above. Those individuals picking up your child will need to bring a photo ID to prove their identity.

Parent Name ____________________________________________________________

Signature ________________________________ Date ________________