

NOTICE: HEALTH AGREEMENT FORM FOR KIDS at NYIST

Dear Parents/Guardians,

We are excited to welcome your child to the New York Innovative Science and Technology (NYIST) Summer Camp. As part of our commitment to providing a safe and healthy environment for all participants, we kindly request that you carefully read and complete the following health agreement form for your child's participation in the camp.

Child's Full Name: _____

Age: _____

Camp Track/Grade: _____

Please read and check mark each item to indicate your understanding and agreement:

Medical History: I understand that it is my responsibility to provide accurate and up-to-date information about my child's medical history, including any allergies, pre-existing medical conditions, medications, and dietary restrictions. I will notify the camp administration of any changes to my child's health status.

Emergency Contact: I will provide the camp administration with accurate emergency contact information, including at least two reachable contacts in case of an emergency during camp hours.

Authorized Pick-Up: I will provide a list of authorized individuals who are permitted to pick up my child from the camp. The camp will not release the child to anyone not on the authorized list without my explicit permission.

Medications: If my child requires medication during camp hours, I will provide all necessary medications in their original containers, along with written instructions for administration. I understand that the camp staff will not administer any medication without proper authorization.

Health and Safety Guidelines: I understand that my child will be required to follow all health and safety guidelines established by the camp, including but not limited to hand hygiene, mask usage, and physical distancing, as deemed necessary by the camp administration.

Medical Emergencies: In the event of a medical emergency, I authorize the camp administration to seek appropriate medical care for my child, including the administration of emergency treatment and transportation to the nearest medical facility, if necessary. I understand that I will be responsible for any associated medical expenses.

Health Insurance: I understand that the camp does not provide health insurance for participants and that I am responsible for ensuring that my child has adequate health insurance coverage during their participation in the camp.

COVID-19 Vaccination:

a. COVID-19 Vaccination Status:

I confirm that my child has received the required COVID-19 vaccination(s) as recommended by health authorities. Please check the appropriate box:

- My child is fully vaccinated against COVID-19.
- My child has received the first dose of the COVID-19 vaccine and is scheduled to receive the second dose.
- My child is not vaccinated against COVID-19.

b. Vaccine Documentation:

I understand that a copy of my child's COVID-19 vaccination record may be requested for verification purposes.

I acknowledge that my child's participation in the NYIST Summer Camp is voluntary and that I have read, understood, and agreed to the terms and conditions outlined in this health agreement form.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Please print and complete this form and submit it to the registration table at the beginning of the camp. If you have any questions or concerns, please do not hesitate to contact us at nyistcamp@gmail.com.

Thank you for your cooperation in ensuring the health and safety of all camp participants.

Sincerely,

NYIST Summer Camp Administrator