

Any medical conditions or diet restrictions?

Other comments?

I (We),

Please print Parent(s) / Guardian(s) Names

Allow my (our) son/daughter to participate in the Nuñez Foundation 2010 Summer Camp hosted by Johnson & Wales University.

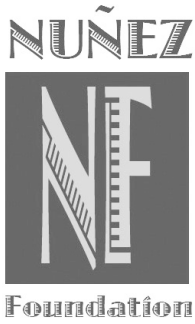
Each student should wear comfortable clothing such as jeans or shorts, tee shirts, light jacket, and comfortable shoes. They should also bring sun block. There will be some outdoor activities.

This year, the Nuñez Foundation is inviting all parents of participants to come to a free dinner at the University with the importance of planning for your child's future. There is a maximum of two guests per student. The dinner will take place at 6 Pm in the Events Center, rooms 2 and 3.

- Yes, I (we) will attend. The number in your party _____ .
- No, I (we) will not attend, but will pick up my (our) child at 7:30 Pm at Johnson & Wales University drop off.

Please note, if you decide to stay for dinner with your child at Johnson & Wales you can take your child home after the event ends at 7:30 Pm. If you have any further questions, please contact Molly Nunez at 720-984-3606.

Please fax application to 303-367-4071. A representative will call you to confirm that your child has been accepted.



THE NUÑEZ FOUNDATION

College Awareness Summer Camp 2010

Summer Camp Waiver/Medical Authorization 2010

My child has my permission to participate in all camp activities. I/We irrevocably consent to allow The Nunez Foundation/Johnson and Wales University to use, or consent to the use of, any likeness of my child in materials produced for school promotional or publicity purposes, without right of review.

Child's Name: _____ Age: _____

Parent Signature : _____

WAIVER FOR DISPENSING OF MEDICATION:

It is required by The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I/We request that _____

Receive _____
Name and dosage of medication

For the period from _____ to _____ at _____
Date Date Time(s)

Physician's description of any anticipated reaction of child to the medications.

I/We give permission for the above names student to be dispensed medication at camp for which an appropriate authorization to give medication at camp form has been approved. I/We understand that The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University does not have medical personnel on staff to assist in the administration of medication and that medication(s) will be dispensed by the camp office staff, I/we understand that The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I/We understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University and each of its employees, agents, and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

The prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

Physician's Signature

Parent Signature

AUTHORIZATION FOR APPLYING SUNSCREEN:

If the camp's staff recognizes the need to apply sunscreen to my child, I authorize them to do so. Each child must bring own sunscreen labeled with their name. Please list any instructions for administering sunscreen: _____

Parent Signature _____

AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

If my child is injury in an accident or becomes seriously ill, and I or my designee cannot be reached, I authorize the director of The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold The Nunez Foundation College Awareness Summer Camp 2010 and Johnson and Wales University harmless from all such costs, charges, and fees.

EMERGENCY CONTACT: _____
Name Phone

When I or emergency contact cannot be reached, I give my consent and permission for the above-named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted on in the event of an emergency, I give any licensed physician, dentist, hospital or other health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This attention may include transportation to the nearest emergency room.

Parent / Guardian Signature Phone Date

Please fax application to 303-367-4071. A representative will call you to confirm that your child has been accepted.