As the parent/legal guardian of _________________________ (print student name),
I give permission for him/her to participate in the following Health Care Careers Exploration
Camp activities. I understand that these activities are optional and that students may choose not
to participate.

Here is a general list of activities for the Health Care Careers Exploration Camp program.

- general classroom learning activities in labs.
- softball
- swimming
- kickball
- bowling
- swimming
- ice skating
- roping course
- rollercoaster and other rides at Sea Breeze Amusement Park
- movie
- walking across campus
- participate in an on-campus “mock” fire drill (a safety drill required by NY State)

I acknowledge that I have reviewed the list of activities my son or daughter will
participate in during the camp.

Parent/guardian signature __________________________ Date __________________
(Parent/guardian needs to sign if student is 18 years of age or younger.)

Student signature __________________________ Date __________________
(Student should sign if over 18 years of age)