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
• 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)