Activity Risk and Release

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)

One of the workshop activities your child will be requested to participate in involves blood testing
(blood type, blood smear and hematocrit). We need to get the parent’s or guardian’s approval for your
child to participate in this activity. Please CIRCLE your choice below.

Yes, I approve.                           No, I do not approve.

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)