



At Amherst College,  
Stanford University  
and Historic Williamsburg

## STANFORD PROGRAM INFORMATION PACKET

Welcome to the Great Books Summer Program 2010!

We are looking forward to exploring great books and big ideas with you this summer. This information packet has been assembled to help you prepare for the program. We ask that you complete and sign the Form Pages at the end and return them to us as soon as possible, but **no later than May 1<sup>st</sup>**. You may either fax them to us at 203-255-0675 or mail them to Great Books Summer Program, 79 Sanford Street, Fairfield, CT 06824.

We have also provided a packing list, directions to the campus, and our General Information enclosure, which we encourage you to read closely for the answers to many commonly asked questions. If you still require assistance after reviewing this material, please do not hesitate to call us at (866) 480-7323.

We are looking forward to another exciting summer of great books. We know you are going to have a wonderful time!

Sincerely,

A handwritten signature in cursive script that reads "Paula Abate". The signature is written in black ink on a white background.

Paula Abate  
Program Director

Great Books Summer Program  
79 Sanford Street, Fairfield, CT 06824

Toll-free Phone: 866-480-7323 Fax: 203-255-0675

## GENERAL INFORMATION

**Check-in and check-out:** Participants should plan to **arrive between 3 and 5 pm** on Sunday, and should plan to **depart the campus at 11 am on Saturday**. Please note that we do not have the facilities or personnel to accommodate early arrivals or late departures.

**Closing Ceremony:** At the end of each session we will have an informal closing ceremony to express our appreciation to each participant, hand out awards and say our goodbyes. The ceremony will be held on Saturday at 9:15 am, and will conclude at 10:30 am. Parents who will be picking up their children are encouraged to attend the Closing Ceremony. The location of the Closing Ceremony will be provided to you at check-in. If your child is leaving for the airport early, he or she will be given a graduation certificate in advance.

**Valuables:** The Great Books Summer Program cannot be responsible for lost or damaged personal possessions. We recommend that no valuables, such as jewelry, handheld electronics or music players, be brought to campus.

**Spending money:** Your child will not require any money while at the program, however, they are welcome to bring money for buying souvenirs or a snack at the college store. If you choose to provide your child with more than \$40, we recommend that the additional funds be provided in the form of traveler's checks or other secure instrument.

**Reading materials:** The Great Books Summer Program will supply all reading materials during the course of the program. No advance reading is required.

**Emergency numbers:** We will distribute on-campus emergency contact information at check-in. Below is the number for the campus police, who can also be contacted if a student must be located immediately:

**Campus Police**

**Stanford      650-329-2413**

**To ask general questions or to leave a non-urgent message during regular business hours**, please call our office weekdays between 9 am and 5 pm Eastern time: (866) 480-7323

**Medical Care:**

Stanford University has one of the finest, state-of-the-art medical centers in the country right on campus, with 24-hour emergency care. Lesser emergencies are handled at the **Vaden Health Center (650-498-2336)**, also on campus.

**Safety and Security:**

- Access to the Stanford dorms is closely controlled by our staff members, who will hold the keys and ensure that only authorized personnel enter the dorms.
- All staff members have been thoroughly vetted, including a background check performed by an independent agency.
- Our well-trained Program Assistants are drawn from among the finest students at our nation's best colleges and universities. In past years our staff has hailed from Stanford, Dartmouth, Columbia, Yale, Northwestern, and Harvard. Program Assistants supervise students for their entire stay and are each assigned to lead a "pod" -- a group of 6 - 8 students.
- All students are required to stay within the safety of the supervised group.
- For added safety, adult faculty and staff members reside in the dorms and are present at discussions, meals, and activities throughout the day.

**Residential Life:** Students will be housed in campus dormitories to give them a taste of college life. Dorm rooms will consist of doubles and singles. Program Assistants will live in the dorms with the students, providing 24-hour supervision. Boys and girls are separated by floors or wings, and in some cases by dorms. The students in the Intermediate (grades 6-8) and Senior Program (grades 9-12) are typically separated as well.

**Communicating:** Students are allowed to bring cell phones or calling cards, but *we ask that phone calls be kept to a minimum and not be made during program activities.* Some phones in the dorms will be available for use in calling home during designated times. Parents are strongly urged to limit phone contacts during the program, as phone calls home tend to contribute to homesickness.

**Roommate requests:** Although most students attend the program alone, you may indicate specific roommate requests on the Housing Form. We will try to accommodate your request, but we cannot guarantee placement with a specific roommate.

**Room Keys:** Stanford will provide students with individual keys to their assigned dorm rooms. Lost key penalties imposed by the institutions are **\$115 for Stanford University. Please impress upon your child the importance of keeping track of his or her key,** as we must invoice parents for keys not returned to us. Lanyards will be provided so that students may keep their keys securely on their person at all times.

**Dining:** Most meals will be eaten at the campus dining hall. The college dining services offer a wide selection of nutritious foods and beverages, and can accommodate special dietary needs if we are notified in advance. Weather-permitting, we often have outdoor picnics and barbecues. Healthy snacks and drinks are provided during breaks. Please be sure to let us know of any food allergies or special dietary needs on the enclosed Health Form.

**Laundry:** Complimentary laundry facilities are available in each of the dormitories. We ask that attendees of the one-week sessions pack enough clothes for six days and nights. Multi-week sessions will include a break for students needing to use the laundry. Program Assistants will accompany or help students as necessary.

**Lodging for Parents:**

- **Stanford:** The Stanford University website provides a list of lodging options at [www.stanford.edu/dept/hds/chs/general/hotel.html](http://www.stanford.edu/dept/hds/chs/general/hotel.html). Other helpful visitor information can be found by clicking the “Visitors & Neighbors” link on their home page, [www.stanford.edu](http://www.stanford.edu).

**Driving Directions:** Directions to the campus are provided below. You may also find Google directions on our website <http://www.greatbooksummer.com/programs/StanfordDirections.asp>. Signs will be posted on the main routes into campus to assist you in locating the dormitories for drop-off and pick-up.

## **FROM HIGHWAY 101 NORTH & SOUTH**

Take the Embarcadero Road exit west toward Stanford. At El Camino Real, Embarcadero turns into Galvez Street as it enters the Stanford University. Take a right onto Campus Drive West. Follow the road across Palm Drive. Turn left on Santa Teresa Lane then turn right onto Governor’s Avenue. Our three dormitories will be on your right-hand side and there is temporary parking available in the parking lot on your left.

## **FROM HIGHWAY 280 NORTH & SOUTH**

Exit 280 at Alpine Road, turning left. Make a right turn onto Junipero Serra Boulevard. Turn left at the first stoplight on to Campus Drive West. Turn right on Santa Teresa Lane then turn right onto Governor's Avenue. Our three dormitories will be on your right-hand side and there is temporary parking available in the parking lot on your left.

## **FROM EL CAMINO REAL**

Exit El Camino Real at University Avenue. Turn toward the hills (away from the center of Palo Alto). As you enter Stanford, University Avenue becomes Palm Drive. Continue on Palm Drive. Turn right onto Campus Drive West. Turn left on Santa Teresa Lane then turn right onto Governor's Avenue. Our three dormitories will be on your right-hand side and there is temporary parking available in the parking lot on your left.

**Airport pick-up and drop-off:** Transportation will be provided between the campus and local airports for a fee of **\$75 each way**.

Staff members will be on hand at selected airports (*see below*) between 11 am and 2:30 pm on the Sunday of arrival to greet and supervise arriving students. A chartered transportation service with a professional driver will depart each airport at 2:30 pm sharp, so we ask that parents please schedule flights to arrive no later than 2 pm. Any arrivals or departures not occurring within this time frame must be approved in advance. (Unforeseen delays in flight arrival times due to bad weather, etc., will be handled as they occur. No child will be left stranded at the airport.) A staff member will greet your child's flight wearing a Great Books Summer Program t-shirt and holding a sign with your child's name on it.

Students flying home will be driven to the airport by 12:00 pm on the Saturday of departure, and supervision will be provided until 4 pm. Please plan departing flights accordingly. If you have any questions about flight arrangements, we recommend contacting us before final reservations are made.

- **Stanford University** is served by both San Jose (SJC) and San Francisco (SFO) airports. Transportation will be provided to and from both airports.

**Unaccompanied minors:** Please note that, depending upon the airline, your child may be considered an "*unaccompanied minor*" if flying alone. Please be sure to check with your airline about their specific policy when you are booking tickets. (Note that some airlines do not permit you to purchase tickets for unaccompanied minors over the internet – purchases must be made over the phone or in person.) If airline policy dictates that your child is an unaccompanied minor, you will be required to provide them with the full name and address of the person picking up your child. We will email you or call you with this information during the week prior to your child's session.

## Suggested Packing List

### CLOTHING:

- socks / underwear
- shorts
- t-shirts
- pants
- long-sleeved shirts
- pajamas
- sweatshirt, fleece, and/or jacket
- sneakers, shoes, and/or sandals
- bathing suit
- rain jacket

### LINENS (*optional*):

- pillow
- sheets
- comforter or blanket
- washcloth
- towel (*recommended*)

### TOILETRIES:


- toothbrush / toothpaste
- soap / body wash / deodorant
- shampoo / conditioner
- moisturizer / face wash
- sunscreen
- bathrobe / shower sandals

### MISCELLANEOUS:


- ALARM CLOCK** (*recommended*)
- musical instrument
- beach towel
- disposable camera
- prepaid phone card
- umbrella
- cell phone
- hairdryer (optional)


### NOTES:

 **PLEASE LABEL EVERYTHING WITH PARTICIPANT'S NAME**


 Please do NOT bring:

- curling irons or other electrical items without automatic shut-off
- revealing clothing, inappropriate 'slogan' t-shirts, etc.

 The use of iPods, Walkmans, or handheld video games is discouraged and will only be permitted during limited periods. Please consider leaving such items at home.

 All bedding is provided, but if you prefer to bring your own, please bring patterned or colored linens to distinguish them from campus-owned white linens. College-issued bath towels are quite small so we recommend bringing your own.

 The Great Books Summer Program and Stanford University are not responsible for lost, stolen or damaged items. Please leave your valuables at home.

 A limited number of fans are provided at Stanford University for students flying in. If you are driving in, please bring your own.

## CHECKLIST OF FORMS

*Use this checklist to make sure that you have completed each form.  
Please return them as soon as possible, but no later than May 1<sup>st</sup>.*

- Transportation Form:** This form provides information about the transportation for students who require pick-up or drop-off at the airport. Please check the “No transportation needed” option if you do not need us to transport your child either to or from campus. [FORMS – Page 1]
- Housing Information Form:** This form explains our Lost Key Policy and contains an optional section for roommate requests. [FORMS – Page 2]
- Behavior Expectations Form:** This ensures that all participants understand the basic rules of behavior while attending the program. We ask that both student and parent sign this form as indicated. [FORMS – Page 3]
- Permissions Form:** Please review the waivers and sign before returning it to us. [FORMS – Page 4]
- Student Health History:** This helps us to provide your child with the best possible medical attention in the event of a health-related issue. [FORMS Pages 5 -7]
- Medication Authorization:** This gives our Health Supervisor permission to administer both prescription and non-prescription medications to your child (please note that no student will be allowed to self-administer medication, with the exception of inhalers, Epi-pens, and insulin injections). [FORMS – Pages 8]

### ***Additional documents you will provide:***

- Health Insurance Card:** Please photocopy the back and front of your health insurance card and return it with your health form.

**Please complete and return all forms no later than May 1<sup>st</sup>.**

Fax them to us at:     **203-255-0675**  
                                  or  
Mail them to:           **Great Books Summer Program**  
                                                  **79 Sanford Street**  
                                                  **Fairfield, CT 06824**

Questions?   Toll-free Phone: 866-480-7323

**TRANSPORTATION FORM**

In order to provide the best service to you and your child we ask that all families complete and return this travel information form, even if you are bringing your child to campus yourself.

We MUST know in advance whether your child will be traveling as an unaccompanied minor, so please be sure to check the appropriate box below.

**SESSION DATES:** \_\_\_\_\_ **STUDENT CELL #:** \_\_\_\_\_

**CHECK ONE FOR ARRIVAL AND ONE FOR DEPARTURE**

**Arrival Information:**

- No transportation needed**
- Student is flying as an “unaccompanied minor” and needs transportation**
- Student is flying as an “adult traveler” and needs transportation**

Arrival airport (*check one*):  San Jose Airport  
 San Francisco Airport

Flight Arrival Time: \_\_\_\_\_ AM/PM

Originating City \_\_\_\_\_  
(city, state)

Airline: \_\_\_\_\_ Flight No: \_\_\_\_\_

**Departure Information:**

- No transportation needed**
- Student is flying as an “unaccompanied minor” and needs transportation**
- Student is flying as an “adult traveler” and needs transportation**

Departure airport (*check one*):  San Jose Airport  
 San Francisco Airport

Flight Departure Time: \_\_\_\_\_ AM/PM

Destination city: \_\_\_\_\_  
(city, state)

Airline: \_\_\_\_\_ Flight No: \_\_\_\_\_

**PARENT, PLEASE SIGN:** I hereby grant the Great Books Summer Program and its designees permission to pick-up and/or drop-off my child (*full name*) \_\_\_\_\_ from/to the flight(s) indicated above, and transport him/her between the campus and the applicable airport. I understand that I will be charged \$75 each way for this service.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

### HOUSING INFORMATION FORM

Students are ordinarily assigned to single or double rooms in the campus dormitories. Boys and girls are separated by floors or wings, and in some cases by dorms. Students are also separated by age group as much as possible.

Students are expected to treat their room and its furnishings with respect. Any damage will be billed to the student's parents.

#### Lost Key Policy

Lost key charges imposed by the institutions, as shown below, will be billed to the student's parents if a room key is not returned to us at the end of the session. Lanyards will be provided so that students may keep their keys securely on their person at all times.

- Lost key charge for Stanford — \$115

***Please complete:***

I have read and understood the Lost Key Policy and acknowledge that if my child  
(Child's Name) \_\_\_\_\_ fails to return his/her room key, I am responsible for the applicable institution's lost key charge, which will be billed to me by the Great Books Summer Program after the session ends.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ***Roommate Request (optional)***

Most of our students come to the program by themselves, but if there's a friend or sibling roommate request, we will try to accommodate it. Please fill out the fields below if you wish to request a specific roommate:

Student's Name \_\_\_\_\_

Requested Roommate's Name \_\_\_\_\_

**BEHAVIOR EXPECTATIONS FORM**

*In keeping with the high standards upon which we pride ourselves, and in order to accurately reflect the inherent values of the Great Books Summer Program, we have developed the following behavior guidelines to ensure a safe and enjoyable educational experience for everyone. While we have always found our avid readers to be well-behaved and wise beyond their years, we still ask parents to review these guidelines with their child, and then sign this form together as indicated at the bottom. Thank you for your help!*

**General**

- Students will be expected to treat themselves and others with respect and to show consideration for those around them at all times.
- Students are expected to follow instructions given by any Great Books staff member, including instructors, residence counselors (PAs), and faculty.
- Students are not permitted to leave the dorms between Lights Out and Wake Up.
- Students must be accompanied by faculty or staff at all times.
- Students will be expected to show respect for their surroundings.
- Students who damage dorm rooms or facilities will be held financially responsible for all repairs necessary.
- Students must wear shoes or sandals and appropriate clothing during all program activities.
- While we understand the need to be cool and comfortable, we ask that students refrain from wearing revealing clothing.
- Profane or hurtful words directed at fellow students, faculty, staff, or others do not reflect the inherent values of the program, nor do they promote the sense of respect and community the Great Books Summer Program wishes to nurture. For these reasons, such language may be grounds for dismissal.

**Zero Tolerance**

The program will enforce a zero tolerance policy.

- Cigarette, substance\* and alcohol use is strictly prohibited.
- If found, the preceding will be confiscated and the appropriate authorities will be notified.
- Threats, overt aggression or violence towards students, faculty, staff or others will not be tolerated.
- Any participants found in possession of prohibited substances or acting in a disruptive or inappropriate manner will be asked to leave the program immediately.

\* 'Substance' includes prescription drugs of which the program has not been notified, and illegal drugs.

**Student:**

I HAVE READ, UNDERSTOOD, AND AGREE TO FOLLOW THE RULES AND GUIDELINES OUTLINED ABOVE WHILE ATTENDING THE GREAT BOOKS SUMMER PROGRAM. I UNDERSTAND THAT IF I DO NOT FOLLOW THESE RULES, I MAY BE ASKED TO LEAVE IMMEDIATELY.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent:**

I HAVE READ AND UNDERSTOOD THE RULES AND GUIDELINES OUTLINED ABOVE. I UNDERSTAND THAT IF MY CHILD DOES NOT FOLLOW THE ABOVE RULES, HE/SHE MAY BE ASKED TO LEAVE THE GREAT BOOKS SUMMER PROGRAM IMMEDIATELY, AT MY COST, AND WITH NO REFUND OF TUITION AND FEES.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSIONS FORM**

**Waiver:** In consideration of being permitted to participate in the Great Books Summer Program on the Stanford University campus (hereinafter known as the “Program”), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Great Books Summer Reading Program, LLC, Stanford University, and their officers, employees, agents and affiliates from liability from any and all claims including the negligence of the Great Books Summer Reading Program, LLC, Stanford University, their officers, employees, agents, and affiliates resulting in personal injury, accidents or illnesses, and property loss arising from, but not limited to, participation in the Program. **Assumption of Risks:** Participation in the Program carries with it certain inherent risks, from minor to severe, that cannot be eliminated regardless of the care taken to avoid harm or injury.

**I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent to the Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I agree to defend, indemnify and hold harmless the Great Books Summer Reading Program, LLC and Stanford University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, which may arise by reason of participation in the Program.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue on my own behalf and on behalf of my minor child. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability on behalf of myself and my minor child to the greatest extent allowed by law.

**PHOTO/VIDEO RELEASE:**

I agree that my child can be interviewed, photographed and videotaped during the sessions, and that quotes, photographs or videos can be used by The Great Books Foundation and the Great Books Summer Reading Program, LLC (and their designees), for instructional or promotional materials without compensation.

**PAYMENT AGREEMENT:**

I have read the program announcement and application pages. I have read and understand the refund policy as stated therein. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I further understand that if my child fails to follow program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions.

Student’s signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Student’s name

\_\_\_\_\_  
Participant’s age  
(if a minor)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Parent / Guardian’s name

**STUDENT HEALTH HISTORY (3 Pages)**

**STUDENT HEALTH FORM**

**Participant Information**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_ Gender: M / F (circle one) T-shirt size (adult): S M L XL (circle one)  
MM DD YYYY

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Custodial parent/guardian #1**

Full name(s) \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell phone \_\_\_\_\_

Where will you be during the session? (required) If traveling, please describe.

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Custodial parent/guardian #2**

Full name(s) \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell phone \_\_\_\_\_

Where will you be during the session? (required) If traveling, please describe.

Address \_\_\_\_\_

Phone \_\_\_\_\_

**If not available in an emergency, notify:**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ ext. \_\_\_\_\_

Cell phone \_\_\_\_\_

**Family medical providers:**

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist/orthodontist name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Please attach a photocopy of front and back of health insurance card to this form.**

Student name: \_\_\_\_\_

FAX to: 203-255-0675

**ALLERGIES:** *List all known.*

*Describe reaction and management of the reaction.*

**Medication allergies** (*list*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food allergies** (*list*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other allergies** (*list*) — *include insect stings, hay fever, asthma, animal dander, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS: List all known**

Please describe any medical conditions your child may have. If you have already supplied this information in the health history from your physician, please note that below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS BEING TAKEN**

Please use the accompanying forms to list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire session. Keep medications in the original packaging with the ORIGINAL PHARMACY LABEL. Important Note: If your child will be carrying an Epi-pen, inhaler, or diabetes testing kit on their person, please be sure that they are labeled with your child’s name and “Great Books Summer Program.”

**CHECK ONE:**

- This student takes NO medications on a routine basis.
- This student takes medications -- see accompanying forms.

**OCCASIONAL ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS**

I hereby give permission to the Health Supervisor of the Great Books Summer Program to administer the following over-the-counter products as needed to (*child’s name*) \_\_\_\_\_

- Acetaminophen (e.g. Tylenol)
- Ibuprofen (e.g. Advil)
- Topical Antihistamine (e.g. Benadryl cream)
- Oral Antihistamine (e.g. Benadryl liquid or capsules)
- Antacid (e.g. Tums)
- Sunburn cream (e.g. Aloe Vera)
  
- OK to administer as needed     **OR**      Call me first

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Please note any restrictions below:

\_\_\_\_\_  
\_\_\_\_\_

**RESTRICTIONS**

**Dietary restrictions:**

*Note: There will be an array of healthy food choices available at every meal. However, please indicate any dietary restrictions below. If necessary, we will follow up with you before the start of the session to discuss the restrictions further.*

**Describe any dietary restrictions:**

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**Activity restrictions** (e.g. what cannot be done, what adaptations or limitations are necessary):

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**Parent/Guardian Authorizations:** This health history is correct and complete to the best of my knowledge. The participant described herein has permission to engage in all activities except as noted. I hereby give permission to the Great Books Summer Program Health Supervisor and/or Health Care Consultant (a licensed physician) to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Great Books Summer Program to arrange necessary related transportation for the participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Great Books Summer Program to secure and administer treatment, including hospitalization, for the participant named above.

*Signature of parent/guardian:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my participation in program activities.

*Signature of participant:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

***Did you remember to include ~***

***Photocopy of back and front of Health Insurance Card?***

MEDICATION AUTHORIZATION FORM

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Diagnosis (at parents discretion): \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose given at camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration date of Medications Received: \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water): \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (at parents' discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

I hereby authorize Great Books Summer Program to administer, to my child, \_\_\_\_\_ the medication listed above.  
(Name of child)

*When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.*

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Use additional sheets, as needed, for each medication.)