

Camper's Name: \_\_\_\_\_

## Washburn Tech Summer Camp Parent/Guardian Checklist

**Please read, complete and/or initial each statement listed below.**

- 1) I attest that my child will be entering the 7<sup>th</sup> or 8<sup>th</sup> grade for the school year beginning in August 2026. (Camp June 1-4)  
Initials: \_\_\_\_\_
- 2) **OR** I attest that my child will be entering the 9<sup>th</sup> or 10<sup>th</sup> grade for the school year beginning in August 2026. (Camp June 8-11)  
Initials: \_\_\_\_\_
- 3) I grant my consent for Washburn Tech to use photographs/video of my child for any promotional purposes.  
Initials: \_\_\_\_\_
- 4) I understand that I **cannot** drop my child off before 8:30 am each day and that I must pick up my child each day at 4 pm. I further understand that if my child is left at Washburn Tech until 4:30 pm that administration at Washburn Tech will contact the Topeka Police Department.  
Initials: \_\_\_\_\_
- 5) I understand that my child is required to follow Washburn Tech guidelines/safety rules/conduct code. Failure to comply with these guidelines or with requests from staff, may result in suspension and withdrawal from the program with no refund.  
Initials: \_\_\_\_\_
- 6) I understand that my child may participate in light physical activity, including stretching, short-medium distance walking, and light aerobics. **Students must wear closed-toed shoes (tennis shoes are ideal), and be dressed appropriately.** I will include any physical activity restrictions in the Voluntary Medical Information section of the Summer Camp application.  
Initials: \_\_\_\_\_
- 7) **I understand that electronic devices, cell phones, and personal items should be left at home.** I understand that any money brought onto the Washburn Tech campus is the responsibility of my child. I will not hold Washburn Tech responsible for any personal items or money lost, stolen, or damaged while attending Summer Camp on the Washburn Tech campus.  
Initials: \_\_\_\_\_
- 8) I understand that Summer Camp fees must be paid at the time the application is submitted. Applications submitted without payment will not be processed.  
Initials: \_\_\_\_\_
- 9) I understand that my child's experience at Washburn Tech Summer Camp may include computer usage. The use of the computer and/or the internet is a privilege not a right and must be under the supervision of a Summer Camp staff person. Inappropriate usage may result in loss of the privilege and possible suspension from Summer Camp with no refund of fees. Inappropriate computer usage may include: swearing or vulgar language, abusive messages or bullying, visiting inappropriate or unauthorized web-sites, food or drink in the proximity of the computers and/or printers. Students should not share personal information about themselves or others. Students should report any illegal activity to Summer Camp staff.  
Initials: \_\_\_\_\_
- 10) I understand that my child is required to bring a sack lunch with an adequate way to keep the items cold (if needed).  
Initials: \_\_\_\_\_

I have read and completed the application packet. I will notify Washburn Tech Student Services by calling 785-670-2200 of any changes in address or phone numbers.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

### 1. Voluntary Medical Information

A child must know how to self-administer any medication he/she requires while under our supervision. Please see the attached Consent for Self-Administration of Medication form. This form must be completed by the parent/guardian and submitted with the application. (Please check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Insect Sting Allergy
<input type="checkbox"/> Other (Please explain)				

Describe any food allergies or intolerance your child has:

\_\_\_\_\_

Any additional information you would like to share:

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

In the event of serious injury or illness resulting in a student's inability to call parents/guardians, family doctor or ambulance, Washburn Tech staff will make every effort to do so. If a doctor or ambulance is called under these circumstances, it will be at the expense of the student's parent or guardian.

My hospital of preference is:

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

### **Washburn Institute of Technology Hold Harmless Agreement**

I hereby register my child to participate in the summer camp program to be held at Washburn Institute of Technology. I hereby release the school, officers, employees and agents from any and all liability for all injuries or damages suffered while participating, preparing to participate or otherwise engaged in activities connected with this program. The undersigned agrees to assume all risks, and recognizes that, despite the exercise of reasonable safety precautions by Washburn Institute of Technology, injury is possible. If an emergency arises, I authorize emergency treatment.

\_\_\_\_\_  
Signature of Parent/Guardian/Responsible Party

\_\_\_\_\_  
Date

Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michelle White-Godinet, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, [eodirector@washburn.edu](mailto:eodirector@washburn.edu).

5724 SW Huntoon  
Topeka, KS 66604  
785-670-2200 or Fax: 785-273-7080

**Consent for Self-Administration of Medication**

This form should be used for self-administration of both prescription and non-prescription medications.

Camper's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**To be completed by a Physician or Nurse Practitioner for the use of Prescription Medication(s):**

I prescribe the following medication to the above student:

Name of Medication _____	Dosage _____
Reason for Rx _____	Time of day _____

The student is authorized to self-administer and has been instructed in self-administration of this medication.     YES     NO

Signature of Physician or Nurse Practitioner _____	Date _____
Print Name of Physician or Nurse Practitioner _____	Phone Number _____

**To be completed by Parent/Guardian for the use of Non-Prescription Medication(s):**

My child is authorized to self-administer and has been instructed in self-administration of this medication. The Washburn Institute of Technology and its employees and agents shall not be liable for any injuries resulting from the student's self-administration of this medication.

Name of Medication _____	Dosage _____
Reason for taking the medication _____	Time of day _____

The student is authorized to self-administer and has been instructed in self-administration of this medication.     YES     NO

Signature of Parent or Guardian of the Student _____	Date _____
Emergency Contact Person _____	Phone Number _____

**Please return this form before May 30<sup>th</sup>** by emailing [wutechsummercamp@washburn.edu](mailto:wutechsummercamp@washburn.edu).  
Any questions may be directed to Brooke Province at (785)670-3347 or [brooke.province@washburn.edu](mailto:brooke.province@washburn.edu)

## Use of Medications During Summer Camp

Medications for students should be given at home whenever possible. Even medications requiring doses three (3) times a day can generally be administered while the student is at home (prior to the start of camp, after camp, and at bedtime). When students require medication(s), during Summer Camp hours, Medication Consent forms must be on file from the parent/guardian and/or physician.

Washburn Tech staff, and/or Summer Camp staff will **not** administer any medication to students, if your child requires any prescription or non-prescription medication during summer camp hours – the following instructions should be followed:

- **Prescription Medication** – Your child must bring prescription medication(s) in the currently labeled prescription bottle or container with the pharmacy label intact, and must be accompanied by a WRITTEN ORDER from the physician. (Insulin will be treated as a prescription medication even though some forms may be obtained over-the-counter). The prescription label and physician's order for the prescription medication must be current (less than one year old).
- **Non-prescription Medication** – Students must bring non-prescription medication(s) in the original manufacturer's packaging, clearly showing the dosage by age, the ingredients and the expiration date. Students will be required to self-administer those medications following the manufacturer's instruction for the medication. A WRITTEN ORDER with specific instructions from a parent/guardian must accompany the medication.
- **Controlled Substances** – such as those medications used to treat ADD, ADHD, or psychiatric behavioral disorders, should be given to the student by the parent/guardian.
- **Over the counter medications** (i.e. Tylenol, Advil) or generic equivalents will NOT be administered by any Washburn Tech employee or Summer Camp staff.
- In the case of a previously identified allergy or any other known medical condition that interferes with participation in the Summer Camp, or requires administration of medication by a qualified professional, arrangements must be made by the parent or guardian.

**Use of a EpiPen for the Treatment of Potential Anaphylaxis** – The use of epinephrine requires an immediate call to 911 and notification of the parent/guardian. For students with a known life-threatening allergy, parents/guardians need to supply the EpiPen(s).

