



# Kopernik Observatory & Science Center

698 Underwood Road, Vestal, NY 13850

Phone: 607-748-3685 \* Fax: 607-748-3222 \* [www.kopernik.org](http://www.kopernik.org)

Student Information Form

2023

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Camp Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

## Person(s) Who Will Pick Up Child

I authorize the additional individual(s) below to pick up my child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Under no circumstances will a child be released to anyone without your written authorization. Identification may be requested at the time of pickup.

## Medical Information *(this is kept confidential)*

Allergies (foods, bee stings, medications, etc.) \_\_\_\_\_

Other Medical Concerns \_\_\_\_\_

Medication(s) being used \_\_\_\_\_

*Please note that KOSC cannot dispense any medications. Do not send any medications to camp with your child.*

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Add any additional information concerning your child's health or special accommodations on the back of this form.

## Additional Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event that neither I, nor my designated emergency contacts, can be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

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

## Authorization and Consent

As parent, legal guardian, or agency representing the child named above, I hereby give consent to enroll my child in the 2023 Spring Kopernik Classes operated by the Kopernik Observatory & Science Center (KOSC) in Vestal, New York. I recognize that my child must follow safety instructions, remain in areas designated by staff, refrain from behavior that is harmful to him/her or others. Failure to do so may result in dismissal from program without refund. The KOSC staff will do its best to ensure a safe experience; however, I understand that accidents do occur. I hereby release the KOSC from any and all responsibility and liability of any nature while present at or participating in KOSC activities, including, but not limited to, any personal injury, illness, or death, or property loss or damage. I have informed KOSC staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

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

Received \_\_\_\_\_