



Kopernik Observatory & Science Center

698 Underwood Road, Vestal, NY 13850

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Student Information Form

2024

Student _____ Date of Birth _____ Class 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 2024 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 _____