

PLEASE PRINT CLEARLY

HISS APPLICATION for the seminar on _____
(write in the topic)

My Name: _____

My School: _____

Science Teacher you have this semester: _____
(*you don't have to be in a science class*)

Homeroom Teacher: _____

Mailing address: _____

Home Telephone: (_____) _____ - _____

Parent or Guardian Name _____

Work Phone: (_____) _____ - _____

RETURN THIS FORM

Please answer all the questions or your application may not be accepted.

Emily Bloom
Campbell University College of Pharmacy and Health Sciences
PO Box 1090 Buies Creek, NC 27506

PLEASE PRINT CLEARLY

HISS

High School Science Seminars

Campbell University College of Pharmacy and Health Sciences

Department of Biological Sciences

Department of Chemistry and Physics

Photo/News Release Authorization

I give my permission for photographs, and/or video footage of my daughter/son to be used without compensation by HISS for news, advertising, web pages and/or promotion purposes.

PLEASE PRINT

Student's name

age

grade

Parent/Guardian- full name and address with zip code

Date _____ **parent/guardian signature** _____

RETURN THIS FORM

A parent/guardian must sign this form or it may not be accepted.

PLEASE PRINT CLEARLY

PARTICIPATION FORM

I agree to read all of the book/material sent to me beforehand and to participate to the best of my abilities. I know that this is a special opportunity that I am being given. I understand that dinner will be served and I don't need to bring any money with me.

Student Signature _____

Check only 1 box for one of the statements regarding transportation.

I have read and signed all the attached pages and I agree to bring my child to, and pick my child up from, the hands-on lab sessions at Campbell University. ***I understand that I am to come at 7:30 pm to collect my child from HISS and that Campbell University will not be held responsible for my child once he/she leaves the HISS session.*** I will encourage my child to participate to the best of his or her abilities. I understand that there is no cost for this program and that this is a special opportunity for my child. A map and directions will be sent to you with your child's reading material.

I have read and signed all the attached pages and I agree that my child may ride the bus* to and from his/her school to Campbell University for the HISS sessions. ***I understand that I am to come to the designated pick up point at my child's school at the designated time to collect my child from his/her bus and that the Harnett County Schools are providing this transportation.*** I will encourage my child to participate to the best of his or her abilities. I understand that there is no cost for this program and that this is a special opportunity for my child. *** at least three students must need the bus for the bus to run**

I have read and signed all the attached pages and I agree that my child may drive him/herself to and from his/her school to Campbell University for the HISS sessions. ***I understand that Campbell University will not be held responsible for my children once he/she leaves the HISS session.*** I will encourage my child to participate to the best of his or her abilities. I understand that there is no cost for this program and that this is a special opportunity for my child.

Parent/ Guardian Signature _____

RETURN THIS FORM

This must be signed and a transportation box marked or it may not be accepted.

PLEASE PRINT CLEARLY

Parental Consent/Medical Form

HISS

Campbell University College of Pharmacy and Health Sciences- Department of
Biological Sciences- Department of Chemistry and Physics

Full name of student: _____ Birth date _____

In case of an emergency we must be able to contact you. Please give your home and work phone numbers, as well as any alternate numbers where you might be reached during the HISS program.

Father/Guardian's name: _____

Home # _____ Work# _____ Other # _____

Mother/Guardian's name: _____

Home # _____ Work# _____ Other # _____

Please list an alternate contact in case both parents/guardians cannot be reached.

Name of Alternate Contact: _____ Phone# _____

Known allergies: _____

List all medical conditions or concerns that we should know about: _____

Medications currently in use: _____

Date of last tetanus booster: _____ I don't know a date

RETURN THIS FORM

If it is not filled out completely your application may not be accepted.

PLEASE PRINT CLEARLY

Dear Parent/Guardian:

The law requires that parental permission be obtained for medical procedures to be performed on minors (those under age 18). The parents/legal guardians should sign the following consent form so that such procedures can be promptly performed. We will make a real effort to notify you in case of a serious emergency. I, the undersigned parent/guardian hereby give permission to the HISS program faculty and staff to obtain emergency medical procedures for my child. I authorize the release of my son/daughter's medical information form to an outside health professional in case of an emergency. In addition, I authorize the release of this medical information to an insurance company, or intermediary, for payment of incurred charges.

Signature of Parent/Guardian

date

My child is currently covered by my insurance for accidents and illness, I (the parent/guardian) will be responsible for any and all costs having to do with accident or medical illness/emergency while my child is at the HISS Program.

Signature of Parent/Guardian

date

Policy Holder's Name

Insurance Company Name

Policy #s

Insurance Company Phone Number

**THIS INFORMATION IS VITAL IN CASE OF AN ACCIDENT.
IF YOU DO NOT HAVE INSURANCE or DO NOT WISH TO SHARE
SPECIFIC INFORMATION PLEASE INDICATE THAT HERE BY CHECKING
THE BOX.**

RETURN THIS FORM

If it is not filled out completely your application may not be accepted.