



### Allergies and Special Accommodations

1. Is the student allergic to peanuts?     Yes     No
2. Does the student have an airborne peanut allergy?     Yes     No
3. Are there other allergies, health concerns or medications that will restrict the student from any activities?

\*If yes, explain below.

4. Does the attendee require any special accommodations? \*If yes, explain what accommodations are needed below.



**Consent / Authorizations**

1. I give my consent for my child to take part in all activities that are arranged for the program participants including riding in provided van transportation. I further certify the he/she is in good health and is capable of fully participating in all activities, that persons who use the facilities of the University System of Maryland at Southern Maryland (USMSM) do so at their own risk, and that the employees and agencies of USMSM and University of Maryland are not responsible for the loss of personal property, injury, or loss of life.

Parent/Guardian Signature:

Date:

2. I understand that throughout the program, pictures and/or video may be taken and may be used used to promote the programs and these photos and/or videos will become the property of the program sponsors. If you do not wish your child photographed or videoed, please inform the organizer of the program.

Parent/Guardian Signature:

Date:

3. I hereby give my consent for an authorized representative from the USMSM to call an ambulance for my child, (*Student Name*) \_\_\_\_\_ for medical care in an emergency situation. I understand that conscientious effort will be made to notify the parents/guardians prior to such action. Any expense incurred will be borne by the parent/guardian and treatment may take place at any medical facility.

Parent/Guardian Signature:

Date: