

# Summer Camp 2017



Washburn Tech  
5724 SW Huntoon  
Topeka, KS 66604  
Phone: 785-670-2010  
Fax: 785-273-7080

## 1. Camper's Information (Please Print Neatly)

_____		_____	_____	_____
(Legal Name) Last	First	Middle	Name Child Goes By	
_____		_____	_____	_____
Home Address		City	State	Zip
Date of Birth _____ / _____ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Month		Day	Year	
Name of School: _____		School District #: _____		
Grade Level as of August 2017: _____				

**Summer Camp fees must be paid at the time the application is submitted. Applications submitted without payment will not be processed.**

## 2. Contact Information

Primary Contact	Secondary Contact
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Place of Work: _____	Place of Work: _____
Email: _____	Email: _____

**Alternate/Emergency Contact:** (Anyone other than a parent/guardian who has permission to pick up the child from campus.)

Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____



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

### 3. 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, 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, sex, religion, age, national origin, ancestry, disability, marital or parental status, sexual orientation/gender identity, genetic information, or other non-merit reasons, in University programs and activities, admissions, educational programs or activities and employment, as required by applicable laws and regulations. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director, Washburn University, 1700 SW College Ave., Topeka, Kansas 66621, 785.670.1509, [eodirector@washburn.edu](mailto:eodirector@washburn.edu)



## Summer Camp Program Descriptions

**Advanced Systems Tech / Intro to Careers in Manufacturing:** Have you ever wondered what makes machines run at Mars, Frito Lay or Goodyear? Come find out! We explore electricity, pneumatics, motors and robotics.

**Auto Collision:** How is a car repaired after it is in an accident? Let's find out! Design the colors of your vehicle and then paint one of the panels.

**Auto Service Technology:** Want to work on a car? Get a taste of the latest technology. Electrical and mechanical systems will be explored using hands-on activities, including the use of computerized diagnostic equipment.

**Building Technology:** Students will explore 3 aspects of the construction industry: concrete, surveying, and carpentry. Students will mix and form their own batch of concrete and test it for strength. Students will learn about surveying instruments by setting up and using levels and transits, then staking out a building property using the triangulation method. Students will be introduced to hand tools, saws, and cordless drills. Safety will be emphasized at all times.

**Cabinet / Millwork:** Create, fabricate, and finish a checker board or similar project. Have fun with woods! Learn what you could build/create with a few basic woodworking skills.

**Commercial/Heavy Construction:** Like to play in the dirt? Want to understand how highways and dams are built? Explore the field of heavy construction through the use of multi-media presentations and hands-on activities operating a mini-excavator.

**Computer Network Technology:** Learn how to build a computer network and make your computers, handheld devices, printers, gaming devices, and anything else with a network connection talk to each other. Make your own network cables, set up your own router, and connect to the Internet!

**Culinary Arts:** Do you: like to play with sharp things...work with fire...(in your kitchen)? Do you like to eat? Experience it all in Summer Camp! You'll learn about kitchen safety, develop basic knife skills, prepare a tasty dinner dish with a sauce, create a healthy dressing to flavor a salad, and prepare tasty snacks. Have fun making your family and friends happy with food while gaining the skills to start a career.

**Drafting:** Learn to computer generate your own design!

**Electricity:** You turn on a light or plug in a charger for your cell phone, and it works! Ever wondered how? Explore how to wire a common household switch, plug and light.

**Health Occupations/Nursing:** So you want to be a doctor? Or nurse? Improve the quality of life for others? Consider a career in health care. Explore through hands-on activities.

**Welding:** Practice welding and learn the basics of what being a welder entails.

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

**Summer Camp Registration Form**

Application packets will be processed beginning Monday April 11, 2017. Application packets will be accepted prior to that date for your convenience, but will not be given enrollment priority. **Application deadline is Wednesday May 10, 2017.**

Every effort will be made to schedule your child into the preferred career exploration classes. However, no guarantees can be made as enrollment in each career exploration class is limited.

- Students can enroll in one (1) or more weeks and **must select 5 programs each week.**  
**Please note:** only students enrolling in grades 9 or 10 in August 2017 may participate in the week of June 12-15.
- **Hours of Camp:** 9am to 4pm, Monday – Thursday. Students may be dropped off at 8:30am, a light breakfast is provided between 8:30am-9:00am.
- **Fees: \$75.00 per week** (includes a light breakfast, morning and afternoon snacks and lunch).

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Make checks payable to Washburn Tech, and reference your child's name in the memo line. If you would like to pay by credit card, please list your name and daytime contact number on the line below. Once your child's application is processed, we will call you for your credit card information.

\_\_\_\_\_

Person to Contact for Credit Card Information

\_\_\_\_\_

Daytime Contact Phone Number(s)

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Students will be scheduled into 4 programs each week. Please rank the **5 programs** your child has interest in exploring by placing numbers 1-5, (#1 = 1<sup>st</sup> choice) on the blank lines. We will make every effort to place your child in his/her **top two** choices; however no guarantees can be made, as enrollment in each career exploration class is limited:

**Week 1: June 5 – June 8 (7<sup>th</sup> & 8<sup>th</sup> graders)**

- \_\_\_ Advanced Systems Tech / Manufacturing
- \_\_\_ Auto Collision
- \_\_\_ Auto Technology
- \_\_\_ Building Technology
- \_\_\_ Cabinet/Millwork
- \_\_\_ Commercial & Heavy Construction
- \_\_\_ Computer Technology
- \_\_\_ Culinary Arts
- \_\_\_ Electricity
- \_\_\_ Machine Tool
- \_\_\_ Nursing/Health Occupations
- \_\_\_ Technical Drafting
- \_\_\_ Welding

**Week 2: June 12 – June 15 (9<sup>th</sup> & 10<sup>th</sup> graders only)**

- \_\_\_ Advanced Systems Tech / Manufacturing
- \_\_\_ Auto Collision
- \_\_\_ Auto Technology
- \_\_\_ Building Technology
- \_\_\_ Cabinet/Millwork
- \_\_\_ Commercial & Heavy Construction
- \_\_\_ Computer Technology
- \_\_\_ Culinary Arts
- \_\_\_ Electricity
- \_\_\_ Machine Tool
- \_\_\_ Nursing/Health Occupations
- \_\_\_ Welding



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785-670-2010 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 with the Application Packet materials. This form may be faxed to (785) 273-7080, or mailed to Washburn Tech, Attn: Student Services, 5724 SW Huntoon Ave., Topeka, KS 66604. Any questions may be directed to Student Services at 785-670-2010.

### **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 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 need to supply the EpiPen(s).



Washburn Institute of Technology

Summer Camp Parent Checklist

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

**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 2017.  
Initials: \_\_\_\_\_  
**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 2017.  
Initials: \_\_\_\_\_
- 2) I grant my consent for Washburn Tech to use photographs/video of my child for any promotional purposes.  
Initials: \_\_\_\_\_
- 3) 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: \_\_\_\_\_
- 4) 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: \_\_\_\_\_
- 5) I understand that my child may participate in light physical activity, including stretching, short-medium distance walking, and light aerobics. **Students should 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: \_\_\_\_\_
- 6) **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: \_\_\_\_\_
- 7) I understand that Summer Camp fees must be paid in advance at the time the application is submitted. Applications submitted without payment will not be processed.  
Initials: \_\_\_\_\_
- 8) 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: \_\_\_\_\_

I have read and completed the application packet. I will notify Washburn Tech Student Services by calling 785-670-2010 of any changes in address or phone numbers.

Parent or Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ Date

Parent or Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ Date