

School of Architecture and Community Design by Making Summer Program

Duration June 19 – June 30

PROGRAM APPLICATION

Students Name: _____

Address: _____

Date of Birth: _____ High School: _____

Grade: _____ Age: _____ Gender: _____

Parent's Name: _____

Parent's Phone: _____ Parent's Email: _____

Submit program application, Photo/Video Release Form, Medical Information Form, and letter of intent by May 12 to James Spear to: jspear@usf.edu

2023 Design by Making Summer Program Medical

Information Form This form covers all activities involved in our 2023 Design by Making Summer Program. Current personal health and medical history provided on this form is attested by the parent(s) or legal guardian(s) to be accurate. Information given is confidential, accessed only by the Executive Director, or in the case of a medical emergency, a medical professional. Form is to be completed by Parent(s) or Legal Guardian. Please print all information as clearly as possible.

Student Name: _____ Date of Birth: _____

Age: _____ Gender: _____

Name of Parent(s) or Guardian(s) with custody of above student: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Circle Primary Emergency Contact Phone Numbers:

Father Work Phone: _____ Father Cell Phone: _____

Mother Work Phone: _____ Mother Cell Phone: _____

Home Phone: _____ Student Cell Phone: _____

If parents or guardians named above are not available in the event of an emergency, notify:

Name: _____ Relationship: _____

Phone: _____ Name: _____

Relationship: _____ Phone: _____ Name of Personal Physician: _____

Phone: _____

Medical Insurance Company (or N/A if none): _____ Group Number: _____

Subscriber Number: _____ Other information on

card: _____

Circle all that apply, Past or Present: Allergies: Yes No

If Yes, please list: _____

High Blood Pressure Yes No

Asthma Yes No

Kidney Disease Yes No

Cancer/Leukemia Yes No

Diabetes Yes No

Knee/Foot Trouble Yes No

Convulsions/Seizures Yes No

Hemophilia Yes No

Musculoskeletal Yes No Hearing

Difficulty Yes No

Heart Trouble Yes No

If you circled "Yes" to any of the above answers, please provide a brief description and current treatment if any: _____

(Initial approval) With the exceptions noted below, chaperones have permission to give my child such "over-the-counter" medication such as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, topical antibiotics, etc. while participating in our Symphonic Celebration. Exceptions: _____

The above information is correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____





USF PHOTOGRAPHY & VIDEO RELEASE

CHECK APPROPRIATE BOX: For an adult For a minor under age of 18

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PRINT NAME (PHOTO SUBJECT)

DATE

PRINT NAME PARENT/GUARDIAN

AGE (IF MINOR) USF CLASS LEVEL (IF APPLICABLE)

SIGNATURE

TELEPHONE

EMAIL

PHOTOGRAPHER/VIDEOGRAPHER

TELEPHONE

EMAIL

DESCRIPTION OF SHOOT (LOCATION AND PURPOSE)