



## Cougar Summer Science Camp

Would you like to know how to.....



Scales and Tails from Catoclin  
will visit



build bottle rockets



make a nebula in a jar

Discover what the stars are made of at the Cougar Summer Science Camp!

The Catoclin High School (Maryland) Science Olympiad Team is hosting a four day (Mon-Thurs.) science camp this summer! Young scientists will be involved in "hands-on" activities lead by Catoclin High School Science Olympiad and Science National Honor Society students with floating CHS Science Olympiad Coaches.

We look forward to engaging our future scientists in this spectacular camp experience!

### **Douglas K. Young**

Science/Math Teacher & MSO Coach  
Douglas.Young@fcps.org

### **Rebecca Hurley**

Science Teacher & MSO Coach  
Rebecca.Hurley@fcps.org

## Camp Information

**Date:** July 29, 2019 to August 1, 2019

**Time:** 9AM to 12PM

**Location:** Catoclin High School

**Cost:** \$60

**Who:** Students entering grades 1 - 6 in the fall of 2019

**Registration:** Please complete and mail in the front and back of the forms in this packet.



### Cougar Summer Science Camp Registration

Student Name: \_\_\_\_\_ Grade (Sept. 2019): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: ☐ Male ☐ Female Shirt Size: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### HEALTH CARE CONTACTS:

Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Care Provider/ Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of emergency, I authorize treatment by my family physician or Frederick Memorial Hospital's Emergency Department.

Parent/Guardian Signature: \_\_\_\_\_

I hereby authorize staff of the Cougar Science Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Cougar Science Camp staff from any and all liabilities for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program.

Parent/Guardian Signature: \_\_\_\_\_

Emergency information form and safety contract must be complete and accurate in order for your child to attend camp.

#### Include forms and check (\$60.00) payable to:

Catoctin High School

(Please add MSO Summer Camp in the memo line.)

#### Return to:

Cougar Summer Science Camp

c/o Doug Young

14745 Sabillasville Road Thurmont, MD 21788





## Cougar Summer Science Camp Safety Contract

Science summer camp is a "hands-on" event meaning that young scientists are expected to be actively involved with science equipment and materials. Safety in the science camp must be our number one priority for students, teachers, and parents. To ensure a safe camp experience, a list of rules and guidelines has been developed and are provided below. These rules must be followed at all times.

### Safety Guidelines

1. When asked, safety goggles must be worn.
2. Report any unsafe condition, accident, or injury to the activity leader immediately.
3. Conduct yourself in a responsible manner. Pay attention and think about what you are doing at all times. Horseplay and other inappropriate conduct in science camp activities is dangerous and will not be tolerated.
4. Follow all directions carefully. If you do not understand a direction, ask the activity leader for help.
5. Follow all laboratory procedures carefully.
  - a. Listen to directions.
  - b. Long hair should be tied back. Loose clothing and dangling jewelry should be removed or tied up for certain activities. Keep hair, clothing, and hands a safe distance from heat sources at all times.
  - c. Do not touch any equipment or materials until you are told to do so.
  - d. Never look into the open mouth of a container that is being heated.
  - e. After performing laboratory activities, wash your hands thoroughly before leaving the room.
6. Chemical safety in the science classroom is extremely important.
  - a. Never remove any chemicals or materials from the classroom unless specifically directed to do so by the activity leader.
  - b. All chemicals in the science room should be considered dangerous.
  - c. Never taste the chemicals, inhale chemical vapors or mix chemicals unless directed to do so by your teacher.
  - d. If a chemical should splash in your eye or on your skin, immediately flush with water for at least 20 minutes or until directed to stop. Get the attention of the activity leader immediately.
7. Carry sharp instruments pointing downward and away from you at all times.
8. Work areas should be kept clean and tidy at all times. When you finish working, turn off any water, gas, or electric you used and return all materials to the correct location.
9. Notify the CHS Staff immediately of any health concerns for science camp. Please list any allergies or other health concerns below.
  - a. Does the student have contact lenses? \_\_\_\_\_
  - b. Does the student have any allergies? \_\_\_\_\_
  - c. Does the student have any heart conditions? \_\_\_\_\_

By signing below I acknowledge that I have reviewed the safety rules and guidelines stated above with my science summer camp student. I understand that if my student does not follow the safety contract, I will be asked to pick my student up from camp.

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

September 2019

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Cougar Summer Science Camp**  
Confidential Health and Emergency Information & Media Release Form

Student's Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

September 2019

**STUDENT'S MEDICAL HISTORY:** (Please check or complete information that applies)

**Allergies:**

- ☐ Medications {Specify} \_\_\_\_\_
- ☐ Inhaler \_\_\_\_\_
- ☐ Epi-Pen {Reason} \_\_\_\_\_
- ☐ Foods {Specify} \_\_\_\_\_
- ☐ Latex \_\_\_\_\_
- ☐ Bees \_\_\_\_\_
- ☐ Other {Specify} \_\_\_\_\_

**Briefly Describe Reaction:**

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**Special Needs:**

CHS is committed to providing an accessible and supportive learning environment for all students. To help us meet this goal, please notify us about any physical, behavior or emotional disabilities requiring special attention so that we can determine if reasonable accommodations can be made. Our intention is to provide an environment where all children can be successful and have fun.

Are there any other physical, psychiatric, behavioral or emotional conditions of which we need to be aware?

- Mark all that apply: ☐ None ☐ Asthma ☐ ADD/ADHD ☐ Diabetes ☐ Emotional issues ☐ Epilepsy/seizure  
☐ Hearing impairment ☐ Asperger's/autism ☐ Vision  
☐ Other: \_\_\_\_\_

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**Medications: {please list}**

**Medical Condition Treated:**

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If the student requires over-the-counter or prescription medications or treatments at school, the health care provider/physician and parent must complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at <http://www.fcps.org/> (then click on "Forms").

**IMPORTANT:** The information I have provided regarding my child's health may be shared with FCPS/Frederick County Health Department staff as appropriate. In case of an accident or serious illness, I request that school staff contact me. If I cannot be reached, I hereby authorize school staff to call the physician indicated ABOVE or make reasonable arrangement deemed to be in the best interest of the child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Media Release**

- ☐ Yes, I allow my child photo to be taken for CHS publications and advertisements
- ☐ No, I do not allow my child's photo to be taken for CHS publications and advertisements