



**Marine Sciences Careers Internship Academy
Summer 2011**

9AM-4PM Monday, August 8 through Friday, August 12

Dear Parents and Participants,

Welcome to the Ocean Institute's **Marine Sciences Careers Internship Academy**. This unique program will expose your student to the issues, concepts, and research techniques of today's marine biologists and oceanographers. Participants will actively collect and catalog samples aboard our 65-foot research vessel *Sea Explorer*. They will contribute data to several projects, including the Southern California Coastal Water Research Project, the State of California Health Department Biotxin Monitoring Project, and several Long Term Ecological Research Projects directed by the Scripps Institution of Oceanography. As junior scientists, they will use professional scientific equipment and research techniques to investigate local populations of mud organisms, fish, invertebrates, marine birds, and marine mammals. Other activities include snorkeling off Laguna Beach, researching the intertidal ecosystem and conducting biodiversity studies. Students will work in groups to research a topic of interest and present their findings to all participants. Successful program graduates may qualify to intern aboard the *R/V Sea Explorer*, in our animal husbandry program, or another Ocean Institute department.

The program will focus on a different topic each day. Please review the Program Schedule to make sure that your student is prepared to participate. Lunches and snacks must be packed daily—students will not be allowed to leave the campus to buy food.

We have included the following forms in this packet:

- Acknowledgement of Risk Form
- Medical Form
- Administration of Medication Forms
- Tentative Schedule of Activities
- Materials List
- Snorkel Form (with Laguna pick-up permission form)

Each participant must arrive the first day with a completed **Medical Form, Acknowledgement of Risk Form, and Snorkel Permission Form**. If your student requires any prescription or over-the-counter medication during the day, you must have the Administration of Medication form(s) completed by your doctor. The medication must be in the original container with clear instructions on both schedule and dosage. All of the forms have been attached to this memo.

During registration on the first day of camp we will ask you to identify your primary phone number so that we can quickly reach you in event of an emergency. Ocean Institute instructors are all certified in CPR and first aid. Our staff will treat accidents or illness that require first aid. In the event of a major accident, we will dial 911. This includes, but is not limited to, any accident where your child experiences a loss of consciousness, has major bleeding, or has possible broken bones. Depending on the nature of the incident, we will apprise you via phone or in person during check out. If it appears that your child has an illness or injury that is not an emergency, but possibly should be seen by a doctor, we will contact you immediately.

Similar to the policy followed by schools, the Ocean Institute prohibits campers from bringing any of the following to camp: electronic devices such as iPods or electronic games; sports equipment, including

skateboards, boogie boards and surfboards; knives or any other weapons; alcohol; non-prescription drugs, and illegal drugs or substances. Cell phone use is prohibited during camp hours. Please be aware that dogs and other pets are not allowed on campus. We highly discourage parents from sending any valuable personal belongings with their child. The Ocean Institute is not responsible for the loss or damage of any item.

On behalf of our Marine Science Careers/Internship Academy staff, I want to thank you for choosing our program. We are looking forward to sharing an exceptional educational experience with your student this summer. If you have any questions about the program, please do not hesitate to contact me.

Sincerely,

Tim Sullivan
Director, At Sea Programs
24200 Dana Point Harbor Drive
Dana Point, CA 92629
(949) 496-2274 ext. 315
tsullivan@ocean-institute.org

ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name: _____ Program Date: _____

Participant Information

Last Name: _____ First Name: _____

Birthdate: _____

Guardian Information

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

Signature

Date

Camper's Name: _____

If so, please explain: _____

6. Does your child have asthma? Yes_____ No_____
- If yes, will your child carry a rescue inhaler during the camp session? Yes_____ No_____
- If yes, does your child need staff help to use that rescue inhaler? Yes_____ No_____
- If yes, what triggers your child's asthma? _____

7. Immunization History:
 Is your child fully immunized against diphtheria, tetanus, pertussis (DTaP or Tdap); mumps, measles, rubella (MMR); polio (IPV)? Yes_____ No_____

Date (month & year) of your child's most recent tetanus immunization _____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____

8. Does this child take medication are a routine basis? Yes_____ No_____

MEDICATION

In order for your child to receive any prescription medication during the _____ program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. For prescription medication, a form must be completed for each medication prescribed for the period your child will attend the program. The prescription container must be clearly labeled with the following information:

- | | | |
|----------------------------|---------------------|-----------------------------|
| a. Participant's full name | b. Physician's name | c. Physician's phone number |
| d. Name of medication | e. Dosage | f. Expiration date of Rx. |

Each medication must be in a separate container.

In order for your child to **bring** and receive any non-prescription medication (headache remedies, upset stomach remedies) during the program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. Any non-prescription medication you send with your child must be in the original container and clearly labeled with your child's name. **No child will be allowed to take any non-prescription medication unless this form is completed, with a physician's signature, and the medication is sent to the program with the teacher-in-charge.**

9. What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

AUTHORIZATION AND CONSENT FOR PARTICIPANT TREATMENT

- Parents will be notified immediately when a child becomes injured or seriously ill, and aid will be according to the parent's wishes. Arrangements will be made with the parent(s) to pick up their child if desired.
- A child will not be released during the program to anyone other than parent or guardian except on written or verbal request by the parent or guardian.

Camper's Name: _____

3. I/We _____ do hereby authorize the Ocean Institute staff as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medical or Dental Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this **authorization is given** in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California. This authorization shall remain in effect until _____ (date) unless revoked sooner in writing and delivered to said agents.

Signature of Adult Participant or Parent/Legal Guardian of Child

Date

OR

If it is desired that no medical treatment be given to the participant please provide the necessary instruction and sign here.

Signature of Adult Participant or Parents/Legal Guardian of Child

Date

Camper's Name: _____

ADMINISTRATION OF MEDICATION, PAGE 1

Dates Attending _____

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

INSTRUCTIONS

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

Part I: Prescription Medication

MEDICATION 1

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

Camper's Name: _____

ADMINISTRATION OF MEDICATION, PAGE 2

Dates Attending _____

Part II: Non-Prescription Medication

MEDICATION 1

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 3

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

RELEASE OF CAMPERS

At the Ocean Institute, our primary concern is the safety and well-being of the children who attend our programs. To ensure the safety of our campers, we follow the following procedures for Check-In and Check-Out at summer camps:

1. Day campers **must** be signed in and out by an **adult** each day on the appropriate form.
2. All campers will ONLY be released to an authorized person. Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone. **Photo identification (such as a Driver’s License) is required before a camper will be released to any individual.**
3. If a custodial parent requests that a camper not be signed out to a non-custodial parent, such a request must be in writing.
4. When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person on the “Release of Camper” form. Custodial parents are welcome to add names to the “Release of Camper” form during the course of the week.
5. No camper may leave camp at any time without prior authorization from the custodial parent and the camp director.

Authorized Release of Camper Form

Camper _____ Program Date _____

Custodial Parent / Guardian’s Name _____

Custodial Parent / Guardian’s Name _____

I hereby authorize the following other persons to pick up my child from camp:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signature of Custodial Parent / Guardian: _____

Date signed: _____