



## School of Allied Health

### **HEALTHCARE CAREER CAMP**

July 14-16, 2025

### **STUDENT INFORMATION PACKET**

University of Louisiana Monroe  
700 University Avenue  
Kitty DeGree Hall  
Monroe, Louisiana 71209  
318-342-1655

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**Camp Participant Full Name (please print)**

**CAMP SCHEDULE**

**Monday, July 14:** Check-in at 8:30 a.m. at Kitty DeGree Hall; Camp activities 9 a.m. – 3 p.m.

**Tuesday, July 15:** Camp activities 9 a.m. – 3 p.m.

**Wednesday, July 16:** Camp activities 9 a.m. – 3 p.m.

**TRANSPORTATION**

Parents or students must provide their transportation to and from campus. Students who drive themselves will be issued a temporary ULM parking pass. Students WILL NOT be permitted to leave the ULM campus during camp time unless arrangements have been preapproved. If a situation arises and the student must leave, the parent/guardian and camp coordinator must speak directly for the safety of the student. **Under no circumstances are campers to leave before being dismissed for the day without the knowledge of the camp staff.**

**Please list transportation plans (select one option):**

( ) The student will be driving themselves to and from camp

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State, License plate #

( ) The student will be driven to campus and picked up by a designated person.

**DRESS CODE**

Only closed-toe sneakers may be worn during camp hours.

Some areas of our buildings are cool and students may wish to bring a jacket. We will also be exploring campus, so campers may wish to bring a hat, sunscreen, rain jacket, or umbrella.

**MEALS**

Breakfast and lunch will be provided for campers. Snacks will also be available for purchase from the HUB and campus PODs.

## HEALTH INFORMATION AND EMERGENCY MEDICAL AUTHORIZATION

The purpose of this section is to enable parents and/or legal guardians to authorize the provision of emergency medical treatment for minor participant who become ill or injured while at the ULM Healthcare Career Camp in the event that the parent/guardian cannot be reached.

**Please initial the following statements as desired for medical treatment of camp participant.**

(    ) I hereby **DO** authorize the University of Louisiana Monroe staff to provide non-emergency care to my child as needed.

(    ) In the event of an emergency in which the parent/guardian cannot be reached by reasonable attempts, **I WILL** give my consent for the emergency transfer and treatment of the minor participant at \_\_\_\_\_ or any hospital to which the minor may be transferred.

(    ) **I DO** authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff to order any surgical or medical treatment, blood transfusions, anesthesia, or medications they deem advisable for emergency care of treatment with the exception of \_\_\_\_\_.

(    ) **I DO NOT** give my consent for emergency medical treatment of my child in the event of illness or injury and will personally take medical action upon notification of such event by camp personnel.

**Medications will not be administered to participants by ULM employees or camp staff. Please contact the camp coordinator prior to the camp's start date if your child takes prescription medication such as insulin, rescue inhalers, or any other emergency medication. Any medication brought by participant needs to be in the original container with specific administration information clearly printed.**

Allergies: \_\_\_\_\_

Current Significant Medical Conditions: \_\_\_\_\_

Current Prescription Medications: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

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

**\*COPY OF MEDICAL INSURANCE CARD MUST BE INCLUDED IN APPLICATION\***

**Emergency Contact #1:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Primary Phone Number

**Emergency Contact #2:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Primary Phone Number

**STUDENT AGREEMENT**

As a Healthcare Career Camp participant, I will actively engage in all provided activities. I will behave in a responsible way that represents my school and community. I agree that I will be present for the entire day and I will not leave campus until dismissed by the camp coordinator.

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Participant Signature

Date

**PARENT OR GUARDIAN RELEASE AND INDEMNITY AGREEMENT**

As a parent/guardian of the above named Healthcare Career Camp participant, I agree to allow my son/daughter to participate in the ULM Healthcare Career Camp on July 14-16 2025. I release the University of Louisiana Monroe and all employees and camp personnel from all claims of any injuries which may be sustained while attending camp. I also certify that the participant is medically fit to participate in this opportunity.

My signature below indicated that I attest that I have read and understand the information included in this information packet

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Parent/Guardian Signature

Date

**PERMISSION TO BE PHOTOGRAPHED**

Participants in the Healthcare Career Camp will be photographed/videoed while engaged in camp activities. These photographs/videos will be used in the slide show during the Awards Ceremony as well as ULM social media, newspaper publications, and for the advertisement of future boot camp events in print and on the internet.

( ) Yes, I understand, agree, and consent that my son/daughter may be included in any and all interviews, photographs, and/or videos.

**Please complete the attached Permission to Publish Authorization Form.**

( ) No, I do not consent that my son/daughter be included in any interviews, photographs, and/or videos.



## Permission to Publish Authorization Form

1. You have two (2) choices to complete this form:
  - you can manually fill it out
  - you may complete all but the signatures online using Adobe Reader v5.0 or higher or Adobe Acrobat
2. If you choose to complete this form on your computer, please save the instructions and application file to your computer (the instructions and application are in the same file.)
3. Print out these instructions for reference, if needed.
4. You will need to use Adobe Reader® or Adobe Acrobat®, version 6.0 or greater.  
[Click here](http://www.adobe.com/products/acrobat/readstep2_allversions.html) to download the free Adobe Reader® or enter  
[http://www.adobe.com/products/acrobat/readstep2\\_allversions.html](http://www.adobe.com/products/acrobat/readstep2_allversions.html)  
into your Web browser.
5. If you complete this form by hand, please write legibly.
6. To save time, please have the form(s) completed in advance.
7. Please give your completed form(s) to the ULM employee who is assisting with your event.
8. **TO ULM EMPLOYEE:** Please forward all completed forms via intercampus mail to:

Office of Marketing & Communications  
LIB Suite 205



## Permission to Publish Authorization Form

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### Please complete this form prior to publication

I grant permission to the University of Louisiana at Monroe to record and/or publish my image or works through video, audio, photographic, electronic or printed formats in connection with ULM-related activities. I understand that all sound, still or moving images and/or published works will not be used for commercial gain, but to support the mission of the university.

These recordings may be used in educational and promotional videos, presentations, CD-ROMs, newsletters, Web sites, etc. I agree that any additional reproductions may be published and distributed to the general public. I also agree that media TV, print and audio media may record my image in connection with ULM-related activities.

I understand and agree to the above statements.

Printed Name: \_\_\_\_\_

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

Please complete this section for minors under the age of 18

Student's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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

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Office use only:

TO ULM EMPLOYEE: Please forward all completed forms via intercampus mail to:

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For more information or if you have any questions about this document, please contact the Office of Marketing & Communications at 318-342-5440.