

Department of Education / Education Resources Division Student Development / STEM Academy

301 Seabrook Road / Ada, OK 74820 / (580) 272-5579 / Fax: (580) 272-1223 / Email address: STEM@Chickasaw.net Website: www.Chickasaw.net/STEM

STEM Day Camps Application

Primary contact: *individual with whom the	child lives.				
Name:	Middle		Loot		Suffix
			Last		Sullix
Mailing address: Street	City		State		ZIP
Physical address:					
Street	City		State		ZIP
Birth date:	Authorized for	r pick up? □ Yes	□ No		
Home phone no.: ()	Cell phone no	o.: ()	Work pl	none no.: ()	
Email address:					
Relationship:	Chickasaw Na	ation employee: 🗆]Yes □ No E	mployee ID no.:	
Department:	Division:		Employer name	:	
Secondary contact:					
Name:					
Name:	Middle		Last		Suffix
Mailing address: Street	City		State		ZIP
			Glate		ZII
Physical address: Street	City		State		ZIP
Birth date:	Authorized for	r pick up? □ Yes	□ No		
Home phone no.: ()	Cell phone no	o.: ()	Work pl	none no.: ()	
Email address:					
Relationship:] Yes □ No E	mployee ID no.:	
Department:	Division:		Employer name	:	
Emergency contact information:					
Name:					
First	Middle		Last		Suffix
Relationship: Ho	ome phone no.: (_)	Cell ph	one no.: ()	
Email address:					
Individuals authorized for pick up: PI	ease list any individ	uals who are author	rized for pick up oth	er than parent/legal g	uardian.
Name:		Relationship:_			
Name:		Relationship:			
Name:		Relationship:			
		Page 1 of 9		Form no. 10024 EDU-E	R Rev. 3/20

First	Middle	Last	Suffix
Preferred name:	Birth date:	Age: Gender:	☐ Male ☐ Female
Mailing address: Street			
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Physical address: Street	City	State	ZIP
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,	Child of Chickasaw Nation employee		
	ican (other tribe):		
	eeds that may require additional progra		
f yes, please explain:			
lease list all medications your child	I is currently taking (dosage and sched	ule):	
Please list any over-the-counter med	dications that you give permission to be	e given to your child (e.g.,	Tylenol, Motrin,
Pepto-Bismol):			
Please list any food allergies your cl	hild has that employees need to be aw	are of:	
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First	Middle	Last	Suffix
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Physical address: Street	City	State	ZIP
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Name: First	Middle	Last	Suffix
Preferred name:	Birth date:	Age: Gender: □	Male □ Femal
Mailing address:Street	City		
	•	State	ZIP
Physical address:Street	City	State	ZIP
lome phone no.: ()	Cell phone no.: ()		
mail address:			
school name:			
Grade (attending in fall): ☐ 1st ☐ 2	2 nd 3 rd 4 th 5 th 6 th 7	7 th □ 8 th □ 9 th □ 10 th	□ 11 th □ 12 th
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Name:	Middle	Last	Suffix
Preferred name:	Birth date:	Age: Gende	er: □ Male □ Female
Mailing address: Street			
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Physical address: Street	City	State	ZIP
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Name:	Middle	Last	Suffix
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Name:First	Middle	Last	Suffix
Preferred name:	Birth date:	Age: Gender	: □ Male □ Female
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Physical address: Street	City	State	ZIP
Home phone no.: ()	Cell phone no.: ()		
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☐ Other First Amer Does your child have any special ne	Child of Chickasaw Nation employee rican (other tribe):eeds that may require additional progra	nm support or modification	s? □ Yes □ No
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Preferred name:	Birth date:	Age: Ge	nder: □ Male □ Female
Mailing address: Street			
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Physical address: Street	City	State	ZIP
lome phone no.: ()	Cell phone no.: ()		
mail address:			
	2 nd □ 3 rd □ 4 th □ 5 th □ 6 th □		7 10 th
,	Child of Chickasaw Nation employee		
	rican (other tribe):		
	eeds that may require additional progra		
Please list all medications your child	d is currently taking (dosage and sched	ule):	_
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Parental Consent, Medical and Liability Release

I/We, the above named parent(s)/legal guardian(s) of the above named child/children, agree to allow my child/children to participate in the selected programs offered by the Chickasaw Nation Department of Education STEM Academy. I/We agree to hold harmless all parties involved in these events including, but not limited to, the Chickasaw Nation and any of its subdivisions, employees or agents and do hereby release them from any and all liability for any accidental injury, illness, expense or loss during these events. Further, I/we agree to allow STEM Academy staff to provide transportation as warranted in order to ensure full participation of my/our child/children in planned activities.

I/We, the above named parent(s)/legal guardian(s) of the above named child/children, consent to any emergency medical treatments and/or transportation that may be needed during these events to provide medical attention. I/We understand that all expenses toward medical care that may be incurred will be the responsibility of the parent(s)/legal guardian(s).

By signing this Parental Consent, Medical and Liability Release, I/we hereby affirm and state that I/we are authorized to sign same on behalf of the child as above listed.

Nothing contained in this Parental Consent, Medical and Liability Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

Authorized signature

Date

Parental Photography Statement, Consent and Release

I/We, the above named parent(s)/legal guardian(s) of the above named minor child/children hereby grant the Chickasaw Nation, its employees, agents and others working for it or on its behalf permission to photograph, record, film and videotape my child/children for future promotion of Chickasaw Nation programs and/or any Chickasaw Nation publications. I agree that my or my child's/children's picture or likeness or anything derived therefrom created by the Chickasaw Nation is owned by the Chickasaw Nation, and that all copyright of any nature whatsoever is the property of the Chickasaw Nation. I/We further acknowledge and agree if I/we should receive any print, negative or other copy, I/we will not authorize its use by anyone else. I/We further acknowledge and agree that I/we will have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, distortion or illusionary effect in any composite form. I/We agree that this release does not in any way conflict with any existing commitment on my/our part.

I/We hereby release and discharge the Chickasaw Nation, its employees, agents and representatives from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release will further inure to the benefit of the heirs, legal representatives, licensees and assign of the Chickasaw Nation.

I/We hereby affirm and certify that by signing this Parental Photography Statement, Consent and Release, I/we are duly authorized to execute the same on behalf of the minor child/children as listed above.

Nothing contained in this Parental Photography Statement, Consent and Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

Authorized signature Date

Parental Communication Consent and Release

I/We understand that the Chickasaw Nation STEM Academy utilizes the SchoolMessenger notification system to provide program information and updates to its program participants and their parent(s)/legal guardian(s). I/We authorize the Chickasaw Nation STEM Academy to employ the following protocol regarding communication.

Check all that apply	Student	Parent/legal guardian no. 1	Parent/legal guardian no. 2
1. Input contact information as provided in this application in			
the SchoolMessenger program			
2. Allow the use of SchoolMessenger toward contact via phone			
3. Allow the use of SchoolMessenger toward contact via text message			
4. Allow the use of SchoolMessenger toward contact via email			

I/We hereby affirm and certify that by signing this Parental Communication Consent and Release, I/we are duly authorized to execute the same on behalf of the minor child/children as listed above.

Nothing contained in this Parental Communication Consent and Release will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees or agents.

Authorized signature

Date

All information must be complete to be considered.

Numbers for each camp will be limited.

TRANSPORTATION TO AND FROM THE CAMP IS NOT PROVIDED.

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