

**Parent Handbook  
Florida Air Museum  
STEMtastic™ Holiday Camps**



**Purpose:** Parent handbook guidelines will assist all participants and families in having an enjoyable Holiday camp experience.

**Description:** Florida Air Museum STEMtastic™ (Science, Technology, Engineering, Math) Holiday camps are designed to educate and entertain with a counselor/student ratio of 1:15. Our camps have specialized indoor and outdoor activities. Camp facilities include the Tom Davis Education Center, Florida Air Museum, Hospitality room, Buehler classroom annex, the Pavilion, the Cessna Education building, and acres of green grass and trees.

**Enrollment:** Enrollments are limited and prior registration is required. Please send payment with registration to ensure enrollment.

**Camp Hours:** STEMtastic™ Holiday camps begin at 9:00 am and end at 3:00 p.m. Parents are welcome at all times.

**Fees:** STEMtastic™ Holiday camp 9-3 \$25 each camp; Early drop-off 7am-8:30. \$5 each camp; Late Pick-up 3:30-5 p.m. \$5 each camp; Breakfast \$5 each camp; Lunch \$5 each camp

**Sign-In and Sign-Out:** Participants may be signed in and out by the same adult each day without photo ID. Otherwise, only adults listed on the Permission Form with photo ID will be permitted to pick-up your camper. Please be sure to include anyone that you may want or need to pick up your participant on the Permission Form.

**Emergency Contacts:** Emergency contacts and an authorized pick up list must be completed as part of your participant's registration packet. Should any numbers or contacts change, please update your camper's registration forms immediately. Only adults listed on the Permission Form with photo ID will be permitted to pick-up your camper.

**Personal Items:** Participants should not bring toys or unsecured personal items. Florida Air Museum or Sun 'n Fun staff will not be responsible for lost, stolen, or broken personal items.

**Camp Dress:** Participants will be most comfortable in appropriate and comfortable pants, shorts, t-shirts, and sneakers. Sandals are not permitted for outside daily activities.

**Safety:** Our campus is adjacent to Lakeland Linder Regional Airport and participants must be aware that aircraft are all around our campus and must follow all proper safety instructions.

**Lunch:** STEMtastic™ Holiday camp participants may bring a lunch with drink everyday. Lunches can be in a small lunch box cooler or bag. We have refrigeration available. Please do not bring any food that requires microwave.

**Medication:** We have a **NO MEDICATION** policy. Exceptions may be made for life sustaining medication. If accepted, a **consent form must be filled out** and put on file.

**Discipline Policy:** Camp staff and parent/guardian communication is encouraged to resolve issues quickly. However, if a participant is disrespectful to other participants, staff and/or property, Florida Air Museum STEMtastic™ Holiday camp reserves the right to remove the participant without a refund.

**Camp Staff & Volunteers:** All camp counselors are either current or retired teachers. Volunteers are assistants to counselors and are of ages 16 years and older. All staff receives training.

**Emergency Contact:**

Florida Air Museum (9 a.m. to 5 p.m.)	863-644-2431
Davis Education Ctr.	863-904-4073
Fax at Davis Center	863-904-4049
E-mail	<a href="mailto:Educate@Sun-n-Fun.org">Educate@Sun-n-Fun.org</a>



**Florida Air Museum, Inc.**  
**A Florida Corporation Not For Profit**  
**STEMtastic™ Holiday Camp Permission Form**

**Name of Participant:** \_\_\_\_\_  
**Name of Parent/Legal Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone: (h):** \_\_\_\_\_ **(c)** \_\_\_\_\_ **(w)** \_\_\_\_\_

**Initial the following:**

1. I give permission for my child to be photographed during the Stem camp program and Florida Air Museum, Inc. has my permission to use the photograph in any publicity related to Florida Air Museum, Inc. events.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. I give permission for my child to ride in the vehicles designated by Florida Air Museum, Inc. for any trips for Stem camp.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. List the following individuals that you give permission to pick up your child. Your child will not be released to anyone not listed below. Anyone picking up your child will be asked to show photo ID.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. List 2 emergency contacts.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone: (h)** \_\_\_\_\_ **(c)** \_\_\_\_\_ **(w)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone: (h)** \_\_\_\_\_ **(c)** \_\_\_\_\_ **(w)** \_\_\_\_\_

_____	_____
<b>Parent/Legal Guardian Print Name</b>	<b>Date</b>
_____	_____
<b>Parent/Legal Guardian Signature</b>	<b>Date</b>

**Florida Air Museum, Inc.**  
**A Florida Corporation Not For Profit**  
**Child's Health History**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosed Asthma	Yes	No	Allergies (If yes, to what?):				
With:	Lung Disease	Yes	No	Medications	Yes	No	To What? _____
	Diabetes	Yes	No	Foods	Yes	No	To What? _____
	Takes Insulin	Yes	No	Insects	Yes	No	To What? _____
Chronic Infection of:			Pollen		Yes	No	To What? _____
	Nose	Yes	No	Aspirin	Yes	No	To What? _____
	Throat	Yes	No	Aspirin Substitute	Yes	No	To What? _____
	Ears	Yes	No	(NOTE: Child should be aware of food allergies			
	Sinus	Yes	No	And limit his/her consumption as needed)			

Subject to:

	Disability	Yes	No	List _____
	Fainting	Yes	No	
	Frequent Headaches	Yes	No	Tetanus inoculation date: _____
	Hyperactivity	Yes	No	
	Bedwetting	Yes	No	Has girl menstruated? Yes No
	Sleepwalking	Yes	No	(painful? Irregular?) Yes No
	Motion Sickness	Yes	No	
	Restlessness	Yes	No	
	Nose Bleeds	Yes	No	

Any recent exposure to contagious disease? Yes No When? \_\_\_\_\_ to what? \_\_\_\_\_  
 Any recent operations? Yes No; if yes, list: \_\_\_\_\_  
 Recent serious injuries/illnesses? Yes No; If yes, list: \_\_\_\_\_

List Present Medications	Medication	Taken For
	_____	_____
	_____	_____
	_____	_____

Should your child be restricted from any activity? \_\_\_\_ Yes \_\_\_\_ No; if yes, list: \_\_\_\_\_

Additional information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Medication Administration: Florida Air Museum. has a NO MEDICATION Administration  
 Initial Policy. If your child requires a life sustaining medication a Consent form for administration of medication must be completed by parent/legal guardian and given to the Education Director for approval. Florida Air Museum, Inc. has the right to refuse to accept medication and/or refuse to administer medication. If accepted all medication must be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter medications.

\_\_\_\_\_ If child has suffered a serious accident or illness within the past twelve months or is subject  
 Initial to a more serious health condition or if there is any question about activity restriction, at the discretion of the Education Director further information or specific permission to participate in activities may be required for which the doctor may be contacted and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Sun 'n Fun Fly-In, Inc. program may be made.

\_\_\_\_\_ In the event my child suffers any illness or accident requiring emergency treatment while involved  
 Initial in any Florida Air Museum, Inc. activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me except where covered by board accident insurance policy. In the event of sickness or accident, I waive all claims against volunteers, staff, Florida Air Museum, Inc Board Members, or operators of Florida Air Museum, Inc. or its agents that may arise from participation in the activities of Florida Air Museum, Inc.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date



**WAIVER, RELEASE, DISCHARGE, AND AGREEMENT TO  
HOLD HARMLESS**

(page 2 of 2)

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY.

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I have read this notice and the attached Hold Harmless agreement and agree to the terms of both.

---

Parent/Guardian

---

Date