

FACT Headquarters
Forensic Science Program
1201 Locust Avenue
Fairmont, WV 26554

Fairmont State University



To: Forensic and Analytical Chemistry Technology (FACT) camp Participants and Parents
From: Mark R. Flood, Program Director
Date: 3/19/2018
Re: FACT summer programs

If you are interested in participating in the Forensic and Analytical Chemistry Technology (FACT) summer program for current 5th through 7th grade OR 8th through 12th grade students please fill out the application forms and mail, email, or fax it in ASAP because space is limited. The current science teacher must also fill out the one page reference form that is found on the last page of this packet. The camp for current 5th through 7th graders is June 11-15, and for current 8th through 12th grades will be June 18-22 with the daytime sessions happening in Hunt Haught Hall on Fairmont State's main campus. Participants must provide their own transportation to and from campus each day. This FREE day camp will provide lots of hands-on activities to give students a feel for techniques utilized in forensics and analytical chemistry. The typical hours are from 9:00 AM until 3:00 PM each day, with the option of dropping off as early as 8:00 AM and picking up as late at 4:00 PM. Snacks and meals are provided daily, and a snazzy FACT summer camp t-shirt will be provided for all participants who complete the program.

If you have any questions after reading the application materials, please do not hesitate to contact me by email (mark.flood@fairmontstate.edu) or phone (304-367-4309).

Dear Dr. Flood,

I wish to enroll _____ (child's name) in the Forensic and Analytical Chemistry Technology (FACT) summer program. I understand that this is a day camp, and I agree to provide transportation to and from the camp each day. My child has permission to participate in publicity efforts (i.e., newspaper or television stories) that may be generated by this program.

Parent / Guardian Signature

Date

The entire application form must be completed (including the "Dear Dr. Mark Flood" letter referenced below) before your child can be accepted into the FACT program. The letter of support from the school's science teacher should be sent in a separate envelope (please supply the teacher with an addressed, stamped envelope). **Please mail these application forms to Dr. Mark Flood, Forensic Science Program, Fairmont State University, 1201 Locust Avenue, Fairmont, WV 26554 or email mark.flood@fairmontstate.edu**

Participant's Name _____

Name as you want it on your name badge _____

Date of Birth _____

*Name of Parent or Guardian _____ *Daytime phone # _____

*Name of Parent or Guardian _____ *Daytime phone # _____

*Address _____

*Home Phone Number _____

Email address (if you have one) _____

Would you prefer to receive updates via email in addition to regular mail? Yes _____ No _____

Name of the school currently attending _____

What grade will they be completing in June 2018?

5th _____, 6th _____, 7th _____
8th _____, 9th _____, 10th _____, 11th _____ or 12th _____

T-shirt size (circle only one) Adult Small Adult Med Adult L Adult XL Adult XXL

*Use the address and phone numbers of custodial parent(s). You may attach an extra letter of explanation if you wish.

Have the participant write a short (one paragraph) letter in the space below. The letter should begin "Dear Dr. Mark Flood" and should explain why they want to participate in the FACTsummer program. The letter should be written in cursive, using a blue or black ink pen, and should be signed. If this poses a problem please contact Dr. Flood immediately.

Fairmont State FACT summer camp

PARENT/GUARDIAN AUTHORIZATION FOR STUDENT TO ATTEND A Fairmont State SPONSORED CAMP

As my child is a participant in this Fairmont State sponsored activity, I hereby release and discharge Fairmont State program their organizers, their representatives, the event sites, and their representatives from all claims of damages, actions, and causes whatsoever, in any manner arising or growing out of my child's participation in this event. I also understand that for some programs, my child may travel off the main campus of Fairmont State University/Pierpont Community & Technical College to participate in some field trips.

Printed Name of Student: _____

High School: _____

Age: _____ Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Daytime Phone Number of Parent/Guardian: _____

Fairmont State FACT summer camp

AUTHORIZATION FOR PHOTO RELEASE

I, the undersigned, hereby agree to give the West Virginia Higher Education Policy Commission, Fairmont State University and/or Pierpont Community & Technical College permission to publish or to use in electronic media, written materials, photographic images or videos in which I may be included, in whole or in part, taken during the FACT camp, for the following purpose:

**Advertising and Marketing
Program research and development
No names will be associated with any picture(s).**

I hereby waive any right that I may have to inspect and/or approve the finished photographic product.

Printed Name of Student: _____

Signature of Student: _____

High School: _____

Age: _____ Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

I Do Not give permission to have my picture published or used.

I Do Not give permission to use video documentation for research or program development.

I Do Not give permission to use journals or surveys for research or program development.

Fairmont State FACT summer camp

PARENTAL CONSENT FORM

NO STUDENT WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Dear Parents of Students:

The following (pages 6-8) is a parental consent permit from the Student Affairs Department at FSU. This consent form is to be filled out by the parent/guardian to be used if any medical attention is needed for your child during his/her participation in any of the summer camps.

We would appreciate your signing after careful reading.

Sincerely,

Mark Flood, FACT camp director

Parental Consent for Medical Treatment

The law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents or guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible Fairmont State officials when requested.

Student's Name: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Relationship to student: _____

Is your child covered by health insurance for doctors and hospital bills? _____

If "yes" what company? _____

Policy # _____

Policy Holder Name _____

Please name all persons allowed to pick up your child:

Fairmont State FACT summer camp

MEDICAL INFORMATION FORM

NO STUDENT WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Today's Date: _____

Student's Name: _____ Student's Date of Birth: _____

Student's Address: _____

What Grade Is The Student In? 11th 12th

What School Does The Student Attend? _____

Guardian's name: _____ Telephone: (h) _____ (w) _____

If unable to contact above parent/guardian, please notify:

Name: _____ Telephone: _____

or

Name: _____ Telephone: _____

Immunizations have been completed: Yes No

Date of most recent tetanus booster: _____

Allergies: _____

Medications/Name/Dose/When taken: _____

Other Medical Concerns: _____

Limitations to Activity: _____

Primary Health Care Provider Information

Printed Name: _____ Signature: _____

Address: _____ Telephone: _____

Fairmont State FACT summer camp

CONSENT FOR ADMINISTRATION OF APPROVED MEDICATIONS Student Health Services

NO STUDENT WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Student's Name: _____

Date of Birth: _____

Medication Allergies/Sensitivities:

List any medication(s) your child receives on a regular basis:

I hereby give permission for my child, _____ to receive any medication listed below on this form as deemed necessary. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name item.

Please check any medication you wish to be made available to your child:

Headache/Fever/Earache/Muscle Aches/Pain/Menstrual Cramps	Bites/Stings/Allergic Rashes	Sore Throat
<input type="checkbox"/> Acetaminophen (like: Tylenol)	<input type="checkbox"/> Anti-Itching Lotion (like: Calamine)	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Ibuprofen (like: Advil)	<input type="checkbox"/> Anti-Itching Cream (like: 1% Hydrocortisone)	
	<input type="checkbox"/> Topical Anesthetic (like: Medcaine)	
Upset Stomach	Mild Allergic Reactions	Coughs
<input type="checkbox"/> Antacid (like: Tums or Maalox)	<input type="checkbox"/> Diphenhydramine (like: Benadryl)	<input type="checkbox"/> Cough drops

- I give permission for the staff at Fairmont State Health Services to provide the above medication.
- I give permission for the camp staff to provide the above medication.
- I do not want any medication given to my child.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Home Telephone _____ Cell/Emergency Phone _____

Dear Science Teacher,

You have been asked to write a letter of support for _____, who is applying to the Forensic and Analytical Chemistry Technology (FACT) summer program. This week long camp encourages students to see the importance of understanding science to solving crimes. We do not select students only based on academic merit. Your comments will assist us in selecting students that will make this an enjoyable program for everyone involved.

How long have you known the student?

How would you rate their academic performance compared to their peers??

How would you rate their motivation to learn science??

How would you rate their motivation to have a career in the forensic sciences??

Does the student have disciplinary problems (i.e., being disruptive)?? If so, how is the problem handled??

Your name:

What school do you teach science at?

Daytime phone where you could be reached for additional information:

Please mail this form to:
Dr. Mark Flood
Forensic Science Program
Fairmont State University
1201 Locust Avenue
Fairmont, WV 26554
Or email mark.flood@fairmontstate.edu