



## FGCU STEM Competition

Dear Parents;

OSS is happy to announce a STEM competition sponsored by Florida Gulf Coast University and offered by the Department of Chemistry and Mathematics. The purpose of this event is to encourage students to develop their interests and abilities in Science, Technology, Engineering, and Mathematics. Participation is open to all middle school, junior high school and senior high school students and is divided into following categories

### Middle School Individual Tests

- Life Science
- Earth & Space Science
- Physical Science
- Math & Engineering

### High School Individual Tests

- Chemistry
- Biology
- Physics
- Math
- Engineering

Competition also includes **team round** (for middle and high) which will consist of one member from each of the individual categories and all team questions will be a collaboration of ideas and concepts incorporating the tenants of STEM education. The highest scoring teams and individuals in each division will be recognized. Highest performing schools are also recognized in sweepstakes. Sweepstakes scores are calculated using top two scores in each individual combined with the team round score(s) from the schools top performing team (maximum of 2 teams). **Please turn in this form to Mr. Memon by Friday March 1<sup>st</sup>.**

<b>Date</b>	<b>Tuesday, March 5<sup>th</sup></b>	<b>Time</b>	<b>5:00 AM to 6:30 PM</b>
<b>Location</b>	<b><u>Florida Gulf Coast University Main Entrance-Whitaker Hall</u></b> 10501 FGCU Boulevard South Fort Myers, FL 33965 (approximately 3 ½ hour drive from Orlando)		
<b>Who</b>	<b>All Middle and High School Students who are interested in STEM ( First 12 Students who turns in this form to Mr. Memon)</b>		
<b>Transportation Options</b>	<ul style="list-style-type: none"> <li>➤ I will give ride to my child and be there by 8:00am.</li> <li>➤ OSS Transportation (Cost: \$20; OSS will cover the Registration Fee)</li> </ul>		
<b>Lunch Options</b>	<ul style="list-style-type: none"> <li>➤ I will buy my lunch. There are a couple places such as Subway, Taco Bell, and Starbucks.</li> <li>➤ I will bring my own lunch.</li> </ul>		
<b>Competition Schedule</b>	<b>5:00 am</b> : Departure from Orlando Science Schools <b>8:00am-8:30am</b> : Registration-Whitaker Hall ( <b>Please check #12 on the FGCU Map</b> ) <b>9:00am-12:00pm</b> : Individual and team tests <b>12:00pm-1:30pm</b> : Lunch <b>2:00pm-3:30pm</b> : Awards Ceremony <b>3:30pm</b> : Departure from FGCU <b>6:30pm</b> : Estimated time to arrive at OSS		
<b>Contact Information</b>	<b>Mr. Memon: (904) 662 8251 e-mail: <a href="mailto:memon@orlandoscience.org">memon@orlandoscience.org</a></b>		

## ORLANDO SCIENCE SCHOOLS FGCU STEM Competition Liability Release, Medical, and Consent Form

**Liability Release:** Should my child sustain or incur any accident or illness while on the FGCU STEM Competition, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

I give permission for my child to participate in any and all activities on the FGCU STEM Competition, and I do not hold the Orlando Science Schools liable for my child.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2013

- **Medical:** In the rare event of illness or accident, I hereby give my consent for the necessary emergency treatment of my son/daughter during the **FGCU STEM Competition**. In doing this, I am giving permission for \_\_\_\_\_ to be on the trip. I understand every effort will be made to contact a parent or guardian.

STUDENT DATE OF BIRTH: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_ STREET CITY ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

- **In order to give the best service during the trip, the following information will help.**

1. Does your child have any type of illness that needs to be monitored?  Yes  No

Explain: \_\_\_\_\_

2. Does your child have food, drug, or insect allergies?  Yes  No

Explain: \_\_\_\_\_

3. Sign if you give permission to give ibuprofen for pain/aches. \_\_\_\_\_

4. Will your child need to take medication regularly during the trip?  Yes  No

If so, please give the name of medicine(s) and how it should be taken. Send a day supply.

1. \_\_\_\_\_

2. \_\_\_\_\_

These and any new medications must be sent in a baggie, in original bottles with student name and directions, the morning of the trip. They are to be given to the chaperone.

**Please check ( ✓ ) one of the transportation options**

<input type="checkbox"/>	I will give ride to my child and be there by 8:00am.
<input type="checkbox"/>	OSS Transportation (Cost: \$20)