

## **Girls Rock! Tulsa – Frequently Asked Questions (FAQ)**

### **What is Girls Rock! Tulsa?**

Girls Rock! Tulsa is a one-week summer camp designed for young women, transgender, and non-binary youth to explore music in an inclusive and empowering environment. Campers learn to play instruments, form bands, write original songs, and perform in a live showcase. The program prioritizes self-advocacy, collaboration, and identity-building alongside musical skills.

### **When and where is the 2025 camp?**

**Camp Dates:** Monday, July 28 – Friday, August 1, 2025

**Location:** Street School (1135 S Yale Ave, Tulsa, OK 74112)

**Daily Camp Hours:** 9:00 AM – 5:00 PM

### **End of Camp Showcase:**

- **Date:** Saturday, August 2, 2025
- **Venue:** Spotlight Theater
- **Sound Check:** 12:00 PM
- **Showcase:** 2:00 PM

### **Who can attend Girls Rock! Tulsa?**

Camp is open to youth ages **\*\*10–18\*\*** who identify as girls, transgender, or non-binary. No musical experience is required—just a willingness to learn and have fun!

### **What is the cost to attend?**

Girls Rock! Tulsa is completely **FREE** to attend!

### **What instruments can campers play?**

Campers can choose to learn guitar, bass, drums, keyboard, or vocals. Instruments are provided for those who do not have their own.

### **Do campers need any prior musical experience**

No! Whether a camper is a complete beginner or already plays an instrument, they'll receive guidance suited to their skill level.

### **What should campers bring each day?**

- A water bottle
- Comfortable clothing and shoes
- Any personal instruments (optional)

### **Snacks and lunch will be provided!**

### **Is financial assistance available?**

Since camp is free to attend, no financial assistance is necessary. However, donations and sponsorships help us keep the program accessible to all youth.

### **Who can I contact for more information?**

For any questions, reach out to Kris Rose, Camp Director at:

- krisrose99@gmail.com
- (918) 378-8883

## **AUTHORIZATION TO ADMINISTER MEDICATION**

Please label a clear zip-lock bag with your child's name, your name, an the daytime phone number where you can be reached in an emergency. All prescription medication must be in its original container and have instructions and physician information printed on the label.

### **CAMPER INFORMATION – Part 1 of 4**

I hereby request and authorize Girls Rock staff/volunteers to administer prescribed medication as directed by our physician. I agree to release and hold harmless Girls Rock and any of their officers, staff or agents from lawsuit, claim, demand or action, etc. against them for administering prescribed medication to this camper provided Girls Rock and staff follow the orders as written below.

Child's Legal Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Camp Week: \_\_\_\_\_ Location: \_\_\_\_\_

### **MEDICATION INFORMATION – Part 2 of 4**

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication	Dosage	Method of Administration	Time of Day
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_____	_____	_____	_____
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Diagnosis or reason for medication(s): \_\_\_\_\_

Possible side effects of medication(s): \_\_\_\_\_

There exists a valid health reason which makes administration of the medication advisable during camp hours.  Yes  No

If using an inhaler, specify the length of time between doses: \_\_\_\_\_

Camper can carry the prescribed inhaler on her person:  Yes  No

Camper is capable to self-administer medication:  Yes  No

I request and authorize the above named camper be administered the above identified medication in accordance with the instruction indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the camp session) by a Girls Rock Math staff member.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OVER →**

**PARENT/GUARDIAN AUTHORIZATION & RELEASE – Part 3 of 4**

I, the undersigned, who is the parent/guardian of the camper named above, request the administration to my child the prescribed medication in accordance with the instructions as indicated above. ***I recognize that if I do not correctly follow all of the steps and fulfill all of the instructions above that I will be contacted and medication will be withheld until this form has been completed.*** I understand that I may be asked to pick up my child from program or come to the program to administer the medication myself if any part of this form is not completed or if my child's medication is not labeled correctly.

I understand that Girls Rock is not legally obligated to administer medication to my child, and therefore I agree to release and hold harmless Girls Rock and any of their officers, staff or agents from lawsuit, claim, demand or action, etc. against them for administering prescribed medication to this camper.

I will notify staff immediately if any medical or contact information changes.

\_\_\_\_\_

Custodial Parent/Guardian Signature

\_\_\_\_\_

Date

**GIRLS ROCK CAMP MEDICATION RECORD – Part 4 of 4**

Name of Medication	Dosage	Date & Time Taken	How Given	Signed

**INDICATIONS:**

For the safety of campers, all medication will be kept in the Site Director's possession and dispensed by the Site Director including over-the-counter medications. The only exceptions to this rule are inhalers, Epi-pens and some dermatological preparations.