



MCC Summer Camp Registration Form

Camper's Name: _____ Gender: _____ Date of Birth: _____

Please circle Race: White Black Indian Hispanic Asian Other (please indicate) _____

Grade Level: _____ School Name: _____

Mailing Address: _____

Parent/Guardian Name(s): _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please Check the Summer Camps you are registering for below: Age: _____

	June 9-12	#No Filter Just Camp	9AM – 12PM
	June 16-18	Junior Chef Camp A	9AM – 12PM
	June 23-25	Junior Chef Camp B	9AM – 12PM
	June 23-26	Health & Public Safety Camp	9AM – 12PM
	July 16	Healthy Hearts & Hands Camp	9AM – 12PM
	July 21-22	Drone Explorers Camp A	1PM – 4PM
	July 23-24	Drone Explorers Camp B	9AM – 12PM
	July 21-23	Camp Green Thumb	9AM – 12PM
	July 21-23	Java Jump & Run Camp	9AM – 12PM
	July 28-29	Uwharrie Search & Rescue Camp	9AM – 12PM
	July 29-31	Junior Detective Camp	9AM – 12PM
	August 4-6	STEM Explorers Camp	1PM – 4PM
	August 4-7	Mud Masters Camp	9AM – 12PM

Emergency Medical Information

In the case of an emergency in which I/we cannot be reached, please contact: (Please list two)

Name: _____ Relationship to child: _____

Phone Numbers: Home: _____ Cell: _____

Name: _____ Relationship to child: _____

Phone numbers: Home: _____ Cell: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Insurance Company:_____Policy Number: _____

In the event that my child, _____, should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for emergency medical treatment as deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility, or other such health care provider.

Parent's Signature _____

For Office Use Only:

Colleague ID# _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last Attack: _____	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Immunizations Up to Date: Yes ____ No ____ Date

of Last Tetanus Booster: _____

MEDICATIONS

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

Camper self-administration of the above medications is approved by _____
Parent/guardian signature Date

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

WAIVER TO CARRY EMERGENCY MEDICAL DEVICE

All emergency medical devices (i.e., inhalers and EpiPens) must be given to instructor. This section must be completed by a parent/guardian.

Due to the potential necessity for immediate medication use imposed by my child's condition, I _____ hereby request that

_____ be allowed to keep the appropriate prescribed device on his/her person while participating in all camp activities.

The prescribed device is a ☐ EpiPen ☐ Asthma Inhaler ☐ Other _____

ALLERGY/OTHER INFORMATION

Does the individual have any allergies staff should be aware of?

☐ None ☐ Food ☐ Medication ☐ Environmental (pollen, poison ivy, etc.)

Describe Allergy: _____ Reaction Level: ____Mild ____Moderate ____Severe

Required Treatment: _____

Please describe any other allergies, reaction level, and prescribed treatment.

RELEASE AUTHORIZATION

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, health information, and release authorization contained herein and agree to the camp policies as stated above. I agree to release Montgomery Community College and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian if under 18)

Signature (Parent/Guardian if under 18)

Date

Minor Model Release Form

Dear Parent/Guardian,

Your child's picture may be used in one of the following ways:

- Posted to the College's Web site on the Internet
- Submitted to publishers for publication
- Broadcasted through television/radio
- Used in a demonstration project to be presented at conferences/workshops

I understand that every effort will be made to preserve anonymity and maintain confidentiality. I agree that Montgomery Community College, as well as those whose use of the publication, broadcast, and/or Web site is authorized by the College, shall not be held liable for such use, display, Web site, conference, or publication.

I/we grant permission for news photographers/videographers to photograph, videotape, and/or interview my child at college-related activities for the expressed purpose of publication and broadcast. I/we also grant permission for my child's picture to be published on the Internet and/or shown at conferences.

Camper's Name: _____

Parent/Guardian's Signature: _____ Date: _____