



# 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 24-26	Culinary Camp	9AM –12PM
July 11	MCC Medical Careers	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 \_\_\_\_\_

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 Approximate date started \_\_\_\_\_  
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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: \_\_\_\_\_