



Camper Information



Camper

Name: _____

Address: _____

State regulations require that camper information and camper health history forms be completed for each camper. Campers cannot be admitted to camp without this form fully completed.

CONTACT INFORMATION: THIS SECTION MUST BE FULLY COMPLETED.

Parent or Legal Guardian

Name: _____

Relationship to camper: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Second parent/guardian or emergency contact

Name: _____

Relationship to camper: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Additional contact in the event parent/guardian cannot be reached

Name: _____

Relationship to camper: _____

Home: _____ Work: _____ Cell: _____

Email: _____

Camper Health History

Camper Name: _____ Date of Birth: _____

Please indicate if your child has had any of the following:

- Asthma Blood/Clotting Disorders Diabetes Epilepsy
 Heart Defects/Disease Seizures Other _____ No known allergies

Allergies: This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other

(Please describe below what the camper is allergic to and the reaction observed.)

Allergy	Reaction	Treatment

If your child has a medical condition that requires medication during the camp day, please outline briefly the treatment plan: **Note: the college does not administer medications.**

Campers must be approved to self-medicate by their physician. The Authorization to Self-Administer Medication form is on page 6 .

CAMPER IMMUNIZATION INFORMATION: Campers must be current on all immunizations.

1. Date (month and year) of camper's last tetanus (or DTP) shot: Month _____ Year _____

2. Is the camper currently enrolled in a Florida school, public or private?

YES, provide name of Florida school: _____

No

3. I certify that my child is fully vaccinated as required by the Florida Department of Health Bureau of Immunization.

My child is exempt because of : Religious reasons Medical reasons

Camper's Physician Name: _____ Phone: _____

If your child has a documented learning, physical, medical or emotional disability, contact Denise Bell at (850) 973-9481 to discuss your camper's needs and the type of accommodations that may be required. You must contact Ms. Bell each time your camper enrolls in camp even if you have received accommodations in the past.

You must contact Ms. Bell at least two weeks prior to the start of camp to provide time to assess and implement an accommodation request. Inadequate notice may result in your child not being able to attend camp.

NFCC does not provide personal medical assistants, care attendants or aides of any other type. Parents are not permitted to attend camp with their child.

What have we forgotten to ask? Please provide in the space below any additional information about your camper that you think is important or may affect the camper's ability to fully participate in camps.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, tests and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form.

Signature of custodial parent/guardian _____

Relationship to camper _____

Date _____

Terms of Participation

Waiver and Hold Harmless Agreement

- Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain in this program.
- As the parent/guardian of a participant in this program, you recognize and acknowledge that there are certain risks of physical injury arising out of this program and agree to assume full risk of any injury, damage or loss which your child may sustain as a result of participating in any and all activities associated with this program.
- You agree to waive, release, discharge and/or relinquish all claims or accrued costs you may have as a result of your child participating in this program against North Florida Community College, its Board of Trustees, officers, representatives, agents, faculty and staff.
- You further agree to indemnify, hold harmless, and defend North Florida Community College, its Board of Trustees, officers, representatives, agents, faculty and staff from any and all claims resulting from injuries, damages and losses sustained by your child and arising out of, connected with or in any way associated with the activities of the program.
- In the event of an emergency, you authorize North Florida Community College staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for your child's immediate care and agree to be responsible for payment of any and all charges for medical services rendered.

Computer Use Agreement

- Certain camps may use the World Wide Web or the Internet as part of curriculum developed by the instructor. With this educational opportunity comes responsibility, to be shared by the camper, parent/guardian and the college staff.
- Campers will use the software that pertains to their camp. They may use the World Wide Web/Internet when the instructor gives them permission.
- Campers should tell their instructor immediately if they encounter information that is inappropriate or makes them feel uncomfortable.
- Campers shall not give out any personal information while online.
- Parents will be contacted if their child is involved in any unacceptable situations while using the computer.

Media Release Check this box if you do NOT want your child's picture taken.

- As a parent/guardian of a participant in this program you authorize and acknowledge permission for any video, digital or still photography made with their child's image and any sound recordings of their child's voice to be applied to a variety of uses by North Florida Community College. Such uses may include, but are not limited to, in-house training of staff and students, college Web pages, loan and/or

sale to interested non-North Florida Community College parties, cable casting, broadcasting and/or other forms of electric transmission.

- You release North Florida Community College, its Board of Trustees, officers, representatives, agents, faculty and staff of and from any claims (monetary or otherwise) that you may have related to the use of these images.

I understand that if my child is disruptive I will be called to pick my child up. My child will NOT be allowed back into that camp and no refund will be given.

REFUNDS FOR CAMPS WILL NOT BE GIVEN, UNLESS THE CAMP DOES NOT HAVE ENOUGH STUDENTS. Students can move monies paid to another camp if there are openings, and must pay the additional supply fees if applicable.

NO WEAPONS OF ANY KIND ARE ALLOWED ON CAMPUS OR DURING ANY CAMPS. IF YOUR CHILD BRINGS A WEAPON THEY WILL NOT BE ALLOWED BACK IN THE CAMP FOR THAT WEEK AND POSSIBLY THE REST OF THE SUMMER.

Children must be picked up from camps within 30 minutes of the end of the session, unless the student is attending both a morning session and afternoon session, then the student must be picked up by 5:30pm. A late fee will be assessed of \$15 per every ten minutes if the student is not picked up within the time frame noted.

Further, I give my permission for the following individuals to pick up my child after camp each or any day, and I hereby certify that all of the information given above is correct to the best of my knowledge.

Individuals who have my permission to pick up my child: (be aware that these people must have ID to pick the child up)

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

This form will cover camps and classes from June 12, 2017 to July 27, 2017

Camper name: _____ Date of birth: _____

Parent signature: _____ Date _____

Mail, fax or deliver to Community Education • NFCC • 325 NW Turner Davis Drive • Madison, FL 32340

phone (850) 973-9481 fax (850) 973-9497

Authorization to Self-Administer Medication

Camper Name: _____ Date of Birth: _____

The following is required for a camper to self-administer medication under supervision at camp:

- Each prescription and non-prescription medication must have a prescriber's signed order fully completed for each medication before a camper can self-medicate
- **The prescription medication must be in a container labeled by the pharmacist or physician with the following:**
 - o Name of the child o Name of the medication o Dosage, route and time of administration
 - o Name of physician o Prescription date and expiration date o Conditions for proper storage
- Over-the-counter medication must be in the original sealed container with the label intact. Camper's name must be put on the container in a position that does not obscure the label.
- The medication must be brought to the Office of Campus Life by an adult and be given to Kids in College administrative staff by the first day of camp.
- The first dose of this medication (except for EpiPen®) has been given to my child without any problems.

Having read the above conditions, I request North Florida Community College designate a staff member to supervise my child when he/she self-administers medication at camp.

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number: _____ Email: _____

Prescriber Authorization for Self-Administration of Medication.

Please submit a separate form for each medication.

Medication Name: _____

Dose: _____

Condition for which the medication is being administered: _____

Specific Directions: _____

Time/frequency of administration: _____

Relevant Side Effects: _____

Special Storage Requirements: _____

Is the camper capable of self-managed care? o YES o NO

Prescriber's Name: _____

Address: _____

Telephone Number: _____ E-mail: _____

I hereby affirm that this individual has been instructed in the proper self-administration of this prescribed medication and competent to self-manage their condition.

Prescriber's Signature: _____ Date: _____

Questions? Call Denise Bell at **850-973-9481** or **belld@nfcc.edu**