**CAMP MED EXPLORERS’ APPLICATION**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA (as Dec 2019): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Dietary Restrictions/Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: Small [ ]  Medium [ ]  Large [ ]  X-Large [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_ (please specify size)

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**Parent Permission**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the Southern Alabama AHEC CAMP MED Explorers day camp on **June 9-10, 2020**. June 9, 2020 we will be at The Hourglass from 8 am – 3 pm and then June 10, 2020 we will meet at D.W. McMillian Memorial Hospital from 7:45 am – 12:30 pm. I fully understand that all reasonable precautions have been and will be taken for the safety of my child. Participants will be under adult

supervision during the organized activities. In the event of an injury or illness, I consent that all necessary and/or appropriate treatment in connection with such injury/illness may be administered by qualified medical and/or dental personnel that are available in the area referred by The Hourglass and the Southern Alabama AHEC’s staff. I understand that this may be applicable in cases where parental contact is impossible or untimely. I further agree to hold harmless the The Hourglass, D.W. McMillan Hospital or Southern Alabama AHEC, its agents, servants, and employees against any and all liability, loss, damages, costs, or expenses which the above-named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the The Hourglass, D.W. McMillan Hospital or Southern Alabama AHEC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

**Photo Consent**

During the Camp MED program, photographs and videotape footage may be taken for purposes of documenting the program, promoting the program, and evaluating the program. I give my consent and full permission for the Southern Alabama Area Health Education Center (SAAHEC) to publish and use for purposes it sees fit photo(s), video(s), and/or audio recording(s) of my child. These promotion methods could include but are not limited to the following: website, social media pages, videos, newsletters, posters, flyers, etc. I understand that I will receive no monetary compensation.

I further understand that I will not have any editorial control over the final product. I relinquish all rights, title, and interest in the finished video/audio/still pictures, negatives, prints, reproductions, and copies of the original(s), negatives, recordings, duplicates, and prints. I understand my actual name will not be used with the photograph without my consent.

 Parent Initial\_\_\_\_\_\_\_\_\_ Student Initial\_\_\_\_\_\_\_\_\_

**Activities**

I realize that participants will have the opportunity to participate in a variety of hands on activities (i.e., CPR activities, cow eye dissections, IV simulations, health career games, etc.) facilitated by the staff of SAAHEC and The Hourglass. I understand that participants have the option of choosing not to participate in any activity

 Parent Initial\_\_\_\_\_\_\_\_\_ Student Initial\_\_\_\_\_\_\_\_\_

**D.W. McMillan Hospital Tour**

 I hereby acknowledge that there will be a hospital tour of D.W. McMillan Hospital in Brewton, AL. Students will meet at D.W. McMillan Hospital in Brewton, AL the morning of June 10,2020 at 7:45 am. I hereby give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the scheduled hospital tour of D.W. McMillan Hospital in Brewton, AL.

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**Parent/Guardian Signature Date**