

HIGH TECH CAREER CAMP



Science | Technology | Engineering | Math

**A Summer STEM Career Exploration Camp
For 7th Graders From:**

Franklin, Kings, Lebanon, Little Miami, Springboro, and Waynesville

JUNE 5-7 2018

9 A.M. TO 4 P.M. DAILY

- Return attached form to your school counseling office A.S.A.P., space is limited!
- Attach \$15 non-refundable check, payable to WCCC
- Lunch and snacks are provided each day!

For more information:
yvonne.kaszubowski@mywccc.org
mywccc.org | search "career camp"



In Partnership With:



Explore the possibilities of STEM-related careers with exciting hands-on activities!





EMERGENCY MEDICAL AUTHORIZATION AND CAREER CAMP REGISTRATION

Contact Info:
Yvonne Kaszubowski
High Tech Career Camp Coordinator
Phone: 513-932-5677 Ext. 5269
E-mail: Yvonne.Kaszubowski@mywccc.org

Please complete legibly

Student First Name _____ Student Last Name _____
 Street Address _____ Home Phone Number _____ Date of Birth _____
 City _____ State _____ Zip _____
 Camper Gender: (Circle One) Male Female
 Custodial Parent or Guardian Information:
 Parent's Name _____ Ok to text: Yes or No
 Parent E-mail _____ Cell Phone _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Name of a relative that may be contacted in an illness or emergency if custodial parent or guardian listed cannot be reached.
 Name _____ Relationship to child or student _____
 Street Address _____ Phone Number _____
 City _____ State _____ Zip _____

MEDICAL QUESTIONNAIRE

LIST ALL MEDICAL CONDITIONS:	LIST ALL MEDICINE ALLERGIES:
Hearing Impairment (Circle One): Yes No	
Vision Impairment (Circle One): Yes No	
LIST ALL MEDICINES TAKEN DAILY:	LIST ANY FOOD OR ENVIRONMENTAL ALLERGIES:

Date of most recent Tetanus (lockjaw) immunization _____
 (We request that Tetanus immunization be current)
 I give my consent to share this information with the school staff as needed: (Circle One): Yes No

Please Circle Your Answer To The Following Questions
 We plan to attend the FREE Camp Celebration Dinner on June 6 at 6:30 p.m.: YES NO
 My camper needs daily transportation from my school (not available at Lebanon) YES NO
 My school is: Franklin Kings Lebanon L Miami Springboro Waynesville
 Adult T-SHIRT SIZE: SMALL MEDIUM LARGE XL XXL

Section III – Grant/Refusal To Consent

Choose only one **A. Or B. below:**

CONSENT for Medical Treatment

A. I do grant consent for the following medical care providers to be contacted.

Doctor's Name _____ Address _____ Phone Number _____
 Dentist's Name _____ Address _____ Phone Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any emergency treatment deemed necessary by above-named doctor or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. WCCC shall not be responsible for reimbursement of costs associated with any medical care. Those costs remain the responsibility of the parent/guardian.

Please list any medical concerns that school personnel should be aware of:

Date _____ Signature of Parent/Guardian _____

Do not fill this section out if you filled out Section A Above
REFUSAL TO CONSENT for Medical Treatment
 B. I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I ask the school authorities to take the following action:

 _____ (Signature of Parent/Guardian)

Permission to Participate Parent/Guardian Signature X

****Important:** Pictures will be taken during camp activities. We need permission to use pictures of your child in newspaper or web page information/publicity.