**Children’s Justice Camp Application**

**Camp dates: July 10-16, 2016**

Tuition Sliding Scale $50-$500

Camper’s Name: Age (on 1st day of camp):

Sex: Birth Date: School Grade:

Race/Ethnicity:

Parents’/Guardians’ Name:

Address:

City/Town: Zip:

Phone Numbers:

Email Address:

Vegetarian: (Circle) Yes: No:

T-Shirt Size (Circle) Youth Sizes: Medium (10-12) Large: (14-16)

 Adult Sizes Small Medium Large X-Large

Camp Fee: Deposit: Balance:

Date:

1) Our scholarships are limited, so we prioritize low-income people engaged in social change activism. Please describe yourself in light of this - who are you working or volunteering with, and what is this group working to do?

2) Please let us know what you can afford to pay.

PERMISSION FORM

Highlander’s Children’s Justice Camp

I hereby give permission for \_\_\_\_\_\_ to participate fully in the Highlander Children’s Justice Camp with the exceptions of any restrictions noted on the health forms. I understand that this child will be traveling to some activities by automobiles, will be participating in camping, hiking, crafts, sports, swimming, and other activities planned by the staff. I hereby release Highlander Research and Education Center and the staff and volunteers of the Highlander Children’s Justice Camp from any liability or responsibility in any way connected with or growing out of the participation of this child in the camp program or any related activities.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for \_\_\_\_\_\_\_\_\_ to be allowed to have his/her picture taken or be videoed.

Consent for First Aid Treatment

Please complete this Consent for First Aid Treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any and all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a counselor or director’s supervision as appropriate. Condition in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication. You may add any additional information that you feel would be important for us to know on the back of the Health Form.

 Bausch and Lomb eye wash or generic equivalent (eye irritation)

 Benadryl or generic equivalent (rash or sting)

 Calamine lotion/Caladryl or generic equivalent (sunburn or poison ivy or oak)

 Emetrol or generic equivalent, or ginger (nausea)

 Hydrocortisone ointment or generic equivalent (insect bites)

 Ibuprogen (swelling or menstrual cramps)

 Imodium AD or generic equivalent (diarrhea)

 Isodettes spray or generic equivalent (sore throat)

 Lanacane spray, Solarcaine, or aloe vera gel or generic equivalent (sunburn)

 Milk of Magnesia or generic equivalent (antacid or constipation)

 Neosporin or generic equivalent (topical treatment for cuts)

 Pepto Bismol or generic equivalent (upset stomach)

 Robitussum or generic equivalent (coughing/nasal congestion)

 Swimmer’s ear solution (earache)

 Tylenol or generic equivalent (headache or other pain)

 Tylenol cold tablets or generic equivalent (congestion)

 Bug Spray w/deet (repel mosquitoes, etc)- we will make every attempt to use bug spray that does not contain deet

\*\*Any medication (over the counter or prescription) that a child brings to camp must be given to and kept by the director of the camp and administered in the presence of a counselor or the directors.

Child’s Name: Parent/guardian signature: Date:

Health Form

Name: Age: Birthdate:

Address:

Phone Number(s):

Medications:

Allergies:

Present or previous health conditions:

Habits:

Restriction of activities(give details on back of form concerning information the staff will need to know about any mediations, allergies, health conditions, habits, or activity restrictions):

Date of last Tetanus shot:

Parent or Guardian Name

Address:

Phone Number(s)

Emergency contact name and number:

Physician’s name and number:

Health Insurance Co. name and address:

Policy number and phone number:

I give permission for any needed medical attention which might occur during camp.

Parent/guardian signature: Date:

/filmed at camp and that these may be used in newsletter and other promotional and education materials for Highlander Research and Education Center.

Parent/Guardian Signature:

Date: