

Virtual Simulation Camp 2007

Participation & Emergency Form

Return the Entire Form Prior to Your Child Attending the Summer Camp

Student Name: _____

IN CASE OF EMERGENCY:

We make every effort to provide a safe and secure environment for your child during the camp. In order to better protect the safety and health of your child, we are requesting that you provide the information on this sheet. In case of an emergency, we will contact the person(s) listed below. We request that the parent/ legal guardian provide another contact (not living at the same address) who is authorized to act on his/her behalf should you not be available.

Emergency Contact 1

Name: _____ Address _____

City/ State/Zip: _____ Telephone: (_____) _____

Emergency Contact 2

Name: _____ Address _____

City/ State/Zip: _____ Telephone: (_____) _____

Please indicate on the back of this form, any health conditions, allergies or diet / mental / physical restrictions that your child may have and medications that he/she may be using to treat this condition. Indicate if the child has your permission to take such medication while attending this event. By signing this permission form, I authorize staff to take whatever emergency (e.g., first aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of the child while attending this event. In case of medical emergency, I understand that if the police or rescue squad deems it necessary, my child will be taken to the nearest hospital. If there is a choice, our preferred hospital is:

Hospital Name: _____

Doctor's Name: _____

Doctor's Telephone: _____

*For More Information Contact:
Regional Technology Initiatives RTC Center – Located on Main Campus
1401 E. Court Street Flint, Michigan 48503
Phone : 810-762-0278 Fax : 810-762-0081
Email : rtcmtec@mcc.edu
Alternate Email: carol.vanburen@mcc.edu*

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Student Name: _____

Student Age: _____ Grade When Entering Next School Year: _____

Session Attending: (check box(s) all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Intro Session – <u>First Time Enrollee</u>
June 18-22, 2007
9:00am – 4:00pm | <input type="checkbox"/> Advanced Session – <u>Intro Completion / Previous Enrollee</u>
June 25-29, 2007
9:00am – 4:00pm |
|---|---|

Permission to Attend

My child understands the need to follow the guidelines of the staff. As a parent or legal guardian, I remain fully accountable for any legal responsibility that may result from personal actions taken by the student. My child (name): _____ has permission to participate in the Virtual Simulation Camp from **June 18-22 or June 25-29 2007** at Mott Community College. I have noted his/her physical limitations on the back of this form. During the activity, I can be reached at the number listed above. If I cannot be reached in the event of an emergency, the second person listed is authorized to act on my behalf.

Parent Signature: _____ Date: _____

By signing this form, I declare that I am the legal parent/ guardian of the minor child listed above and authorized to grant such permission.

Permission for press release of information:

My child (name): _____ has permission to be interviewed or have his/her photograph taken for use in subsequent Virtual Simulation Camps from at Mott Community College.

Parent or Authorized Signature:

X _____ Date: _____

By signing this form, I declare that I am the legal parent/ guardian of the minor child listed above and authorized to grant such permission and health information:

Amount Enclosed: \$100.00 _____ one week \$200.00 _____ both weeks
Check all that apply: INTRO / ADVANCED

Make checks payable to **Mott Community College (Sim Camp 2007)** do not send cash payment in mail. You will receive confirmation of enrollment upon receipt of this form(s) and payment)

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