

# Middle School Introduction to Nursing Camp June 19, 2019



## Camp Application – **DEADLINE: June 5, 2019**

Cost: \$20.00 – Course fee includes snacks, lunch, and t-shirt. Please make checks payable to Madison College, and include with the application.

### Camp Enrollment Guidelines

**Only complete application packets are considered. A complete application packet for each attending student includes:**

- Completed Camp Application
- Completed Screening Questionnaire
- Completed Health/Medical Record Release Form
- Completed Photo Release Form
- Completed Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

**Cancellation policy:** If you must cancel, notice must be received 3 days prior to camp start. "No shows" will not receive a refund.

### Student Information

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

School Attending: \_\_\_\_\_

Student Email: \_\_\_\_\_ Gender: \_\_ Male \_\_ Female

T-Shirt Size: Adult Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_

### Emergency Contact Information

#### Parent/Guardian #1

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent/Guardian #2

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby give permission for my child to participate in the Middle School Introduction to Nursing Camp at Madison College. I assure that my child will have reliable transportation to and from campus for the day.**

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

Please either mail, email or fax the completed application and screening questions, health form, photo release form, Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form to: Madison College Reedsburg Campus, 300 Alexander Ave, Reedsburg, WI 53959 **or** email to [reedsburg@madisoncollege.edu](mailto:reedsburg@madisoncollege.edu) **or** fax (608) 524-8424.

## Camp Screening Questionnaire:



**1.** Please tell us why you would like to attend this camp.

**2.** Please tell us what you know about nursing.

# Health/Medical Record Release

## Personal Information

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Student's Gender:  Male  Female

Student's Home Address: \_\_\_\_\_

### Parent/Guardian #1

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

## Student's Health & Coverage

Primary Care Physician's Name: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Plan Number: \_\_\_\_\_

**In Case of Emergency, please notify:** \_\_\_\_\_

If neither parent/guardian is able to be contacted, please contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Please indicate if the student suffers from any of the following allergies, diseases or conditions:

Asthma  Convulsions  Poison Ivy  Diabetes  Insect Bites  Hay Fever

Bee Stings  Behavioral Issues/Plans  Peanuts  Food Allergies  Penicillin  Gluten

Other: \_\_\_\_\_

Other Drugs: \_\_\_\_\_

Does student have any chronic or recurring illnesses?  No  Yes - If yes, please describe: \_\_\_\_\_

Is there anything else in student's health history we should know?  No  Yes - If yes, please describe: \_\_\_\_\_

Are there any activities from which the student should be *restricted*?  No  Yes - If yes, which activities: \_\_\_\_\_

Are there any specific activities that should be *encouraged*?  No  Yes - If yes, which activities: \_\_\_\_\_

Does student wear any medical appliances (glasses, orthodontic, etc.)?  No  Yes - If yes, please list: \_\_\_\_\_

Will the student be taking any medications while at MCC?  No  Yes - If yes, please list: \_\_\_\_\_

**IF MEDICATION IS REQUIRED, IT MUST COME TO MADISON COLLEGE IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE/INSTRUCTIONS CLEARLY PRINTED ON THE LABEL. A DOCTOR'S NOTE AND PARENT'S NOTE MUST ALSO BE SENT TO MADISON COLLEGE.**

### CONSENT FOR MEDICAL TREATMENT IN CASE OF EMERGENCY

I do hereby authorize that all of the information contained herein is correct and that my child is fully able to participate in all Madison College Summer Camp activities without the need of individual or specialized attention or medical regimen. I agree to notify Madison College of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of Madison College accredited teaching and administrative staff, emergency room physicians or any other clinical physicians with the understanding that I (or my authorized representative) will be notified as soon as possible.

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

# Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

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## PROGRAM/CAMP INFORMATION

Program/Camp

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_ Location: \_\_\_\_\_

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

***PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.***

**I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:**

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.  
Initials \_\_\_\_\_

I, on behalf of my Child, hereby release Madison Area Technical College, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "Madison Area Technical College") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.  
Initials \_\_\_\_\_

I, on behalf of my Child, furthermore release, indemnify and hold harmless Madison Area Technical College from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that Madison Area Technical College accepts no responsibility for my Child's personal property.  
Initials \_\_\_\_\_

This RELEASE shall not apply to any intentional or reckless conduct by Madison Area Technical College.  
Initials \_\_\_\_\_

This RELEASE shall be governed by and construed under the laws of Wisconsin. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Madison Area Wisconsin.  
Initials \_\_\_\_\_

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.**

**Participant Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_**

**Participant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

*A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19*



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**AREA | TECHNICAL**  
**COLLEGE**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual or of Parent or Guardian if subject is under 18

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address