

2008 SCCORE Summer Program Registration

____ July 7 - 11 ____ July 14 - 18 ____ July 21 - 25 ____ July 28 - Aug. 1 ____ Aug. 4 - 8 ____ Aug. 11-15

Name _____ Age _____ Date of Birth _____

Parent/Guardian _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ **Phone** _____ **Phone** _____

Emergency Contact _____ **Phone** _____ **Phone** _____

Health Care Provider: _____ Health Care Number: _____

Immunization Dates:

DTP TD-DIPHThERIA/TETANUS (4 DATES) _____

MMR-MUMPS/RUBELLA (2 DATES) _____

OPV-ORAL POLIO VACCINE (3 DATES) _____

HIB (4 DATES) _____

HEPB (3 DATES) _____

VARICELLA (1 DATE) _____

Any health condition(s), food allergies or restriction(s) that we need to be aware of? **Yes No**

If yes, list _____

List any medication(s) your child is taking:

Any medication/medical equipment required at camp? **Yes No**

If yes, list _____

A Doctor's note must be submitted for restriction/distribution/use.

Have you submitted a doctor's note for restriction/distribution/use? **Yes No**

If no, explain _____

PARENT AUTHORIZATION: I HAVE DISCUSSED, WILL SUPPORT AND REINFORCE THE CODE OF CONDUCT WITH MY CHILD. CAMPERS SHOULD HAVE A PHYSICAL EXAMINATION WITHIN THE LAST SIX MONTHS. IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT A PARENT OR GUARDIAN OF CAMPER. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY STAFF TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD AS NAMED ABOVE. I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Date _____ Parent/Guardian Signature _____

** T-Shirts - Each camper will receive two (2) t-shirts, which they are REQUIRED TO WEAR while at **SCCORE** **
Size Needed: ____-Youth Small ____-Youth Medium ____-Youth Large ____-Adult Small ____-Adult Medium ____-Adult Large

