

Raspberry Pi Camp Dates: June 12-16, 2017 or July 17-21, 2017
Time: 1:00 p.m. - 4:00 p.m. both camps
Location: Sinclair Courseview Campus in Mason
 5386 Courseview Dr., Mason, OH 45040
Participants: Students Who Have Completed 6th – 11th Grades
Cost: \$190
Return to: WCESC, Attn: Amy Kistler,
 1879 Deerfield Road, Lebanon, OH 45036 or
Amy.kistler@warrencountyesc.com
Registration Deadline: June 2, 2017 (6/12/17-6/16/17)
 July 7, 2017 (7/17/17-7/21/17)

Raspberry Pi Camp Registration

Student Name _____

DOB: _____ Grade Completed: _____

School District: _____

Please Circle Camp to Attend: **June 12-16, 2017** **July 17-21, 2017**

How did you hear about Raspberry Pi Camp?

Emergency Contact Information

Parent/Guardian Name: _____

Home Address: _____

City: _____ Zip Code: _____

Email: _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Second Contact Name: _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

**** This form enables parents to authorize emergency medical treatment for their child in the event of illness or injury, participation in field trips, and release of photographs for publicity purposes while participating in WCESC Summer Camps.**

Hospital & Doctor Information

Preferred Hospital: _____

Family Doctor: _____

Office Address: _____

Office Phone: _____

Preferred Dentist: _____

Office Address: _____

Office Phone: _____

Medical Insurance Info

Is this student covered by medical insurance?
 YES NO If yes, please complete the following:

Name of Insured: _____

Insurance Company: _____

Group #: _____ Policy #: _____

Any specifications as to emergency medical treatment on card:

Does your child have any of the following medical conditions that may affect emergency medical treatment?

- | | |
|---|---|
| <input type="checkbox"/> Allergy to medication | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergy to food/environment | <input type="checkbox"/> Heart or Lung Problems |
| <input type="checkbox"/> Blackout or fainting | <input type="checkbox"/> Physical Handicaps |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Drug or Alcohol Addiction | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Hearing/Vision/Speech Impairment | |

Explanation of checked boxes: _____

Does your child take any prescribed medications? YES NO

Name of Medication: _____

Dosage: _____

Prescribing Physician: _____

Physician's Phone: _____

Parental Consent

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of medical treatment deemed necessary by licensed paramedics, physicians or dentists and to have my child transported to the closest medical emergency facility accessible. This authorization DOES NOT COVER major surgery unless the medical opinions of two physicians or dentists concurring on the necessity of life-saving surgery are obtained BEFORE the surgery is performed.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

To REFUSE consent of Emergency Medical Treatment

I DO NOT give my consent for the emergency medical treatment of my child. In the event of illness or emergency, I choose to direct Warren County ESC to (please specify):

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Photograph Consent

I give permission for my child to be photographed, and allow the camp facilitators to release all such pictures for publicity purposes.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____