

**McGuffey Foundation School Camp Registration
Parent/Guardian Permission/Health History/Trip Form**

(Send to: McGuffey Foundation School, Attn: CAMP, 5128 Westgate Dr., Oxford, OH 45056, 513-523-7742)

Please check (✓) all camps that apply:

<input type="checkbox"/> Wild Outdoors Camp Going into grades 4/5/6 July 20 - 24, 2009 9:00 AM until 5:00 PM \$175	<input type="checkbox"/> Theater Camp 1 Going into grades 1/2/3/4/5 July 25 - 31, 2009 9:00 AM until Noon \$85.00	<input type="checkbox"/> Theater Camp 2 Going into grades 6/7/8 July 25 - 31, 2009 1:00 until 5:00 PM \$85.00	<input type="checkbox"/> Explorers Camp Pre-Kinders, ages 3/4/5 August 3 - 7, 2009 9:00 AM until Noon \$85.00
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Name: _____ Total Fee(s) Enclosed: _____

Address: _____ Age: _____ Grade in fall: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

Parent Name: _____ Evening Phone: _____

My child, _____, has permission to participate in McGuffey Foundation School's camp program.

We have copies of McGuffey student immunizations. All other students must submit a copy of an up-to-date immunization record.

- Is she/he in good physical condition with no serious illness or operation since her/his last health exam? Yes ___ No ___
- Is she/he currently taking any medication? Yes ___ No ___
- Does he/she have nay chronic or ongoing medical conditions of which we should be aware (such as allergies, asthma, diabetes, ear infections, contact lenses, etc.)? Yes ___ No ___ If yes, please specify: _____
- Medicines to be taken during camp (Label carefully and give to person in charge with written instructions):

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

During this activity I may be reached at:

Address: _____ Phone: _____

If I am not available, please contact:

1) Name: _____ Address: _____ Day Phone: _____

2) Name: _____ Address: _____ Day Phone: _____

- In the event I cannot be reached in an emergency I give permission to the hospital, doctor, or dentist selected by those in charge of camp to secure emergency treatment.
- I will permit my child to come only if in good health, free from colds, and not exposed to contagious diseases within three weeks from the opening of camp. (A doctor's statement will be required if child has had an operation or serious illness since the last health exam.)
- McGUFFEY FOUNDATION SCHOOL has my permission to take my child on field trips as a part of the camp program activities. I give my permission for my child to travel either by foot or in compliance with MFS policy. I understand that all reasonable health and safety precautions will be taken. I hereby release McGUFFEY FOUNDATION SCHOOL from any and all liability for injury or illness resulting from any cause while my child is away from the school. All pre-Kinders will stay at MFS.

X _____ Parent/Guardian Signature Date: ____/____/____