

Project P.A.N.D.A. Camp Application

Please Print Clearly or Type

This application form should be completed and returned to _____
by _____. Check or money order needs to accompany this form. You can send
this application to Lauren Bush at: 725 E. Market St. Akron, OH 44305

Student's Name _____ [] Male [] Female

Grade _____ Age _____

Ethnicity: **Circle one:** White/African- American/ Hispanic/ Asian/Other _____

Email: (this is to email you a reminder) _____

School _____ Date of Birth ____/____/____

Home address _____ City _____ Zip _____

Home phone () _____ Cell or Pager () _____

Parent/Guardian Names	Relationship
_____	_____
_____	_____

Whom to notify in case of emergency
Name(s) _____
Relationship _____ Phone () _____

Assumption of Risk Release

I understand that upon my child's acceptance for Project P.A.N.D.A., either my child's school or I will be responsible for a NON-REFUNDABLE \$100.00 tuition fee, payable to the **Community Health Center**, on or before the registration deadline stated on the application.

I will also be responsible for the transportation of my child to and from the bus pick-up and return point at Tri-County Plaza. I understand that if my child breaks any rules, or brings any items on the "Things not to bring list," that I will be phoned immediately and will need to arrange transportation home from Camp Muskingum in Carrollton, Ohio or Ohio Family Foundation in Massillon, OH. Please carefully read the list of rules and things not to bring sheet.

I understand that my child may be photographed and/or videotaped at any PANDA function, and that these photos may be used publicly for promotional purposes of Project PANDA. These photographs and/or videotapes are the property of the Community Health Center, and may be placed on the web site.

I understand that necessary precautions and plans for the care and supervision of the students will be observed. Therefore, I assume there are unpredictable risks involved and I release the Community Health Center, and its appointed personnel from any responsibility in the case of illness, accident, injury or emergency first aid administered to my child. I further give my permission that my child may be treated by any physician, hospital, or other medical facility.

I understand that P.A.N.D.A. is not a drug treatment or rehabilitation program.

I understand the above.

Parent/Guardian Signature _____ Date _____

--OVER--

Medical Form for P.A.N.D.A. Camp Participants

I, _____, give permission to the Community Health Center P.A.N.D.A. Nurse to administer the following medications to my child: **Please DO NOT send these OTC medications** with your child. They will be provided by the nurse.

Tylenol Yes No

Pepto Bismol Yes No

Aspirin Yes No

Maalox Yes No

Advil Yes No

Other _____

Allergies: _____

Please list any medications that your child is currently taking:

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical conditions that the Community Health Center should be aware of:

**All medication must be turned into the P.A.N.D.A. Nurse upon arrival at camp. Please clearly label all medications with your child's name, the medication dosage and how often it is to be administered. Failure to turn in all medications (except for inhalers) may result in immediate dismissal from camp.*

Name of PANDA school advisor or school counselor _____

Vegetarian Yes No

T-Shirt size: Adult S M L XL

For the safety of your child and the other participants of the program it is essential that all parents and students take the time to read the rules for camp and the "what to bring, what not to bring" sheet.

I have read the rules and what to bring sheet, and understand my responsibilities as a participant or parent of a participant in the PANDA Program:

Students Signature _____ Date _____

Parents Signature _____ Date _____