

MINNETONKA BAND CAMP
PERMISSION/HEALTH/PAYMENT
(MUST complete one for each camper by Parent/Guardian)

I/We, the undersigned, give permission for:

(Camper, first & last name) _____

to participate in all activities of the Minnetonka Band Camp during the period of August 8 through August 14, 2010

Furthermore, I/we give our permission for the above-named camper to ride a properly licensed, driven, and chaperoned school bus to and from the Koinonia Retreat Center, Annandale, MN., as well as for any activities which take place as part of the camp program. Should private transportation be used for any of this, we have so indicated below.

We understand that proper supervision will be provided during the camp week. We will endeavor to support camp supervisors by instructing our child in the need to obey regulations and respect the rights of others. We also have read and understood the rules as outlined on the Behavioral form including the portion about suspension from the camp. We are in agreement with this policy, and will accept one or more collect telephone calls, and pay for or provide immediate return transportation should our child engage in behavior warranting such action.

Campers needing medication must comply with school medication policies. ALL MEDICATIONS, both prescription and non-prescription, must be given to the camp chaperone immediately upon arriving at camp. Send only the amount needed for 5 days. Prescription medications are required to be in original bottles labeled to show the camper's name, physician name & current dosage. Non- prescription medication must also be in an original bottle with the camper's name on it. Medication can not be allowed if it is in unlabeled containers or in plastic bags. Campers requiring INHALERS for asthma or EPI-PENS for allergies, or other SPECIAL MEDICATIONS may carry those medications if needed for their safety but must identify those medications on this form and write that they are on their person.

Finally, we understand that everything possible will be done to protect the safety and welfare of our child. We understand also that unexpected incidents may occur in camping situations, and we will not hold Minnetonka Schools or any Band Camp staff responsible for such incidents.

• THE PARENT/GUARDIAN AND CAMPER SIGNATURES INDICATE UNDERSTANDING OF AND COMPLIANCE WITH THE RULES OF THE BEHAVIORAL EXPECTATIONS FORM.

Signed: _____
(Parent/guardian)

Signed: _____
(Camper)

Date: _____

Payment – Band Camp Tuition is \$ 305.00 total

I have enclosed (circle all that apply):

\$305.00 entirety

\$105 deposit (with 2 payments for \$100.00 due 7/1/10 and 7/30/10)

**FILL OUT BOTH SIDES AND DROP OFF AT THE MHS BAND OR
MAIL WITH CHECK TO OUR REGISTRATION CHAIR**

Judy Stromwall
18600 Highland Ave. Deephaven, MN 55391
– judy@stromwallonline.com

YOUR CHILD'S HEALTH AND SAFETY IS DEPENDENT ON THE INFORMATION YOU PROVIDE TO US. PLEASE TAKE TIME TO FILL OUT THIS FORM COMPLETELY.

Camper Name - First: _____ Last: _____
Birth date: _____ T-Shirt Size S M L XL XXL
Instrument: _____ Grade Next Year: ____
Gender: _____

Parent/Guardian Name(s): _____ Address: _____
Home Phone: _____ - _____ - _____
Work Phone: Father - _____ - _____ - _____
Mother - _____ - _____ - _____
E-mail One: _____
E-mail Two: _____

Alternate to notify in case of emergency:
Name: _____ Address: _____
Phone: _____ - _____ - _____

Date of last DTP / DT / Td shot (Diphtheria-Tetanus-Pertussis): _____

Health Concerns: _____ Recent Problems: _____
Asthma: ____ Yes ____ No _____ Ear Infections
Diabetes: ____ Yes ____ No _____ Nosebleeds
Seizures: ____ Yes ____ No _____ Sleep Walking
Allergies: ____ Yes ____ No _____ Stomach Problems
_____ Severe upper respiratory -specify:
_____ Foods - specify:

Other - recent injuries, illnesses, surgery, physical conditions requiring special consideration:

Is camper taking **PRESCRIPTION or NON-PRESCRIPTION medication?** : ____ Yes ____ No
LIST ALL MEDICATIONS AND THE REASON FOR TAKING THEM:

Tums and Acetaminophen (Tylenol) may be provided to campers on an as needed basis from camp staff if noted here:

My child may have Tums - ____ Yes ____ No
My child may have Acetaminophen (Tylenol) - ____ Yes ____ No

• **NOTICE OF INTENT TO USE PRIVATE TRANSPORTATION TO AND/OR FROM CAMP:**

We understand that Minnetonka Schools and Minnetonka Band Camp staff can in no way be held responsible for our child's safety or welfare while he/she is riding in a private vehicle. I/We hereby make notice of the intent to have the above named camper ride in privately owned vehicle(s) as follows (if camper is not riding on provided bus transportation):

A. Going to camp: Driver: _____ arrive time: _____

B. Returning from camp: Driver: _____ depart time: _____

Name of Health Insurance Carrier: _____

Policy number: _____

Restrictions: _____

In the event of a medical emergency, I consent for my child to be transported to the local medical facility for treatment as deemed necessary by physician, and understand that if possible, every effort will be made to contact me before such treatment is given. Parent/Guardian signature: _____

Date: _____

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