

MCHS Community School Camp

PLEASE READ AND COMPLETE THE QUESTIONS BELOW.

THESE QUESTIONS MUST BE FULLY COMPLETED BEFORE THE STUDENT CAN PARTICIPATE IN THE CAMP.

Please turn in the completed form with payment (check made payable to Mill Creek Community School or money order).

Student's Name: \*

Student's Age: \*

Street Address: \*

City: \*

Zip Code: \*

Parent Cell Phone: \*

Email Address: \*

INSURANCE COVERAGE FOR ACCIDENTAL INJURY IS REQUIRED BY ALL PARTICIPANTS.

Insurance Company Name: \*

Insurance Policy number: \*

If your child has any health needs or requires medication, please contact our Community School Office at 678 714-5855.

Does your child have medical needs or require medication?

By entering my name below, I attest that I am the parent or guardian of the above named child who is in good health. I give full approval for his/her participation in this program. In the event of an accident, I authorize any medical treatment which may be advised or recommended by an attending physician. \*

Enter Full Name:

Signature:

Date: