

**SOUTHEASTERN COMMUNITY COLLEGE  
CAMP CARDIAC CARE 2021 Application**

Student's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

To be selected for attending Camp Cardiac Care, the student needs to request a letter of recommendation from a counselor or teacher to attest to the student's level of maturity and interest in allied health careers. A copy of the student's academic transcript with a "C" or better grade point average also needs to be included with the application. Transportation to and from camp is the responsibility of the student's parents/guardians. The camp will be held the week of July 12 – July 16, 2021 from 8:45 a.m. to 4:00 p.m., Monday – Thursday and until 11:30 a.m. on Friday July 16th. A light breakfast and lunch will be provided each day.

Please state in the space below your reasons for wanting to attend Camp Cardiac Care. Explain your interest in allied health careers.

**EMERGENCY MEDICAL INFORMATION**

In the event that (child's name) \_\_\_\_\_ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or hospital of preference. I assume financial responsibility for any injuries that may occur while he/she is enrolled in Camp Cardiac Care.

Insurance Information: \_\_\_\_\_

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

Hospital: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Please list below any allergies (food, medication or other) or medical conditions (such as ADD, medications taken) we should be aware of:

\_\_\_\_\_

**Parental Release Waiver**

I understand and agree that Southeastern Community College may photograph participants of Camp Cardiac Care for use on the Southeastern Community College website, in college publications and press releases, and showings on the college television channel. **I understand and agree that the Southeastern Community College may photograph and videotape my child and his/her works as part of the Camp Cardiac Care promotional and historical activities.**

As the parent/guardian of the above child, I agree to the above conditions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

