



ExCEL Career Camp

June 11-14, 2012

****RETURN THIS APPLICATION TO YOUR GUIDANCE COUNSELOR BY FRIDAY, APRIL 27, 2012****

Student's Name: _____

Address/City/ZIP _____

Print Parent/Guardian Name(s): _____

Parent/Guardian's Daytime Phone: _____ and Cell Phone: _____

Parent/Guardian's Email Address: _____

Home School: _____ Grade next year: _____

Career area(s) of interest: _____

Required Signatures:

Signature of School Guidance Counselor: _____

Signature of School Principal: _____

Consent for Emergency Medical

In the case of an emergency, I hereby give consent to the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

*****PARENT SIGNATURE REQUIRED ON BACK OF FORM*****

Consent and Release for Photo/Video

We, the undersigned, (student and parent/guardian if a minor), hereby grant to the Lorain County JVS, the right to use and publish photographs/videos of me, my image, likeness and/or quotes for the purposes of education or promotion (including publicity, advertising, and marketing) of the Lorain County JVS and its related activities. Additionally, we waive the right to inspect and/or approve the finished product and the use(s) to which it will be applied. Furthermore, we release the Lorain County JVS from any future liability or compensation claims associated with the use of said photographs/videos.

PARENT/GUARDIAN'S SIGNATURE for:

- **Consent for student to attend ExCEL Career Camp**
- **Consent for Emergency Medical**
- **Consent and Release for Photo/Video**

Parent/Guardian Signature

Date

Print Parent/GuardianName

Best contact #

**GUIDANCE: Return to T. Clark/D. Keller
@ JVS BY FRIDAY, MAY 4, 2012.**