



## Middle School Health Science Career Camp General Registration Form

Fill out and return by mail, email, or fax to along with Tuition of \$225 to guarantee admission as camp will cap at 30students (tuition is refundable up until August 1<sup>st</sup>): Make checks payable to Misericordia University

Misericordia University  
Attn: Dr. Jennifer Dessoie MS OTR/L  
Passan room 113  
301 Lake Street, Dallas, PA 18612-1090

Questions and General Inquiries:  
Dr. Jennifer Dessoie MS OTR/L  
e-mail: [jdesoy2@misericordia.edu](mailto:jdesoy2@misericordia.edu)  
Phone 570-674-6494

**Release & Medical Consent:** I agree to the above named person's participation in Misericordia University's non-credit programs, and waive, discharge and forever hold harmless Misericordia University, its officers, directors, employees and all other liabilities, claims, cause, damages or demands resulting from participation in usage of equipment. In event of an emergency, I authorize that medical attention be administered to the participant named above.

**Signature of Participant/Parent or Legal Guardian of Minor**

*For Release and Medical Consent above.*

### Student Information:

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First Name Last Name DOB (mm/dd/yyyy)

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Grade this Fall School

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Home Address

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Parent(s) Names

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Parent Home Phone

Parent Cell Phone

Parent E-mail

**Emergency Contact Information:**

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Emergency Contact 1	Relationship to performer	Phone Number
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Emergency Contact 2	Relationship to performer	Phone Number
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**Medical Information:**

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Primary Care Physician	Phone Number
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Insurance Provider	Group Number	Policy Number
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Allergies/Dietary Restrictions \_\_\_\_\_

Current Medications (Please include rescue inhaler, EpiPen, or other medication needed during camp.) \_\_\_\_\_

Medical Conditions (e.g., asthma, migraines, fainting) \_\_\_\_\_

Does your child require any special accommodations? If yes, please explain. **YES** **NO**

**By signing, I verify that I have read this form and the information provided is true and correct to the best of my knowledge.**

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Parent/Guardian Signature

Date

**Pick-Up Information:**

Students will only be released at the end of each day to parents/guardians or individuals specified below. Please provide the following information for others approved to pick up your child:

**\*In case of changes to this list, please provide written permission.**

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Name	Relationship to Student	Phone Number
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Name	Relationship to Student	Phone Number
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## Photo/Video Release

I give permission to the Misericordia University Interprofessional Health Science Middle School Camp to photograph and/or videotape my child/children and to use the images and any accompanying statements for all publicity purposes including but not limited to print ads, news releases, publications, TV, and Misericordia social media pages (e.g. Facebook). My child's images and/or statements may be used without liability for their use by the media, Misericordia University, and authorized employees.

- Yes**, I give my permission to photograph/videotape my child at Camp.
- No**, I do not give my permission to photograph/videotape my child at Camp.

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Parent/Guardian Signature

Date