



## 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 30 students (tuition is refundable up until July 1st): Make checks payable to Misericordia University.

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

Questions and General Inquiries:  
Dr. Jennifer Dessoye OTR/L  
[jdessoye2@misericordia.edu](mailto:jdessoye2@misericordia.edu)  
570-674-6494

**Release & Medical Consent:** I agree to the below 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 below.

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

*For Release and Medical Consent Above.*

### Student Information:

First Name Last Name

DOB (mm/dd/yyyy)

Grade this Fall

Name of School

Home Address

Parent(s) Names

Parent Home Phone

Parent Cell Phone

Parent E-mail

**Emergency Contact Information:**

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Emergency Contact 1                      Relationship to Camper                      Phone Number

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Emergency Contact 2                      Relationship to Camper                      Phone Number

**Medical Information:**

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Primary Care Physician Name and Phone Number

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Insurance Provider Group Number Policy Number

Allergies/Dietary Restrictions \_\_\_\_\_

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

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

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

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**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

**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