



# Champ Camp

2018 - 2019



## DEMOGRAPHIC INFORMATION

Today's Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  Male  Female  
*Last First Middle Suffix*

Entering Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Guardian's Phone 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian's Phone 2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Guardian's Email \_\_\_\_\_

**Mailing Address (if different)** Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will you enroll another child in camp?  YES  NO **A separate application is needed for each child enrolling in Camp.**

Sibling Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## RACE & ETHNICITY

*The state of Louisiana requires this information for state funding*

Is this student Hispanic / Latino? (Choose only one)  No, not Hispanic or Latino  
 Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**This question is regarding ethnicity not race. No matter what you have selected above please answer the following question by choosing one or more boxes to indicate what you consider your child's race to be.**

- American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Asian  
  White  Black or African American

**I understand my child is NOT enrolled until I receive a phone call from the Champ Camp Coordinator.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian (print name) Parent or Guardian (Signature) Date

For office use only:

Date turned in: \_\_\_\_\_

Completed Application: \_\_\_\_\_

State ID Number: \_\_\_\_\_

Enrolled in Youth Services: \_\_\_\_\_

Enrolled in CISdm: \_\_\_\_\_



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### EMERGENCY CONTACTS & STUDENT RELEASE PERMISSIONS

Student's Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Suffix*

Student's Date of Birth \_\_\_\_\_  
MM / DD / YYYY

Guardian #1

Guardian #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternative Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternative Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

1. \_\_\_\_\_  
 Mother or Father       Grandparent       Sibling  
 Aunt or Uncle       Other: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_  
 Mother or Father       Grandparent       Sibling  
 Aunt or Uncle       Other: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Persons authorized to remove student from Champ Camp in addition to the Emergency Contacts listed above:***

Primary: Last Name, First Name	Relationship to Child	Phone #1	Phone #2
Second: Last Name, First Name	Relationship to Child	Phone #1	Phone #2

**\* Please be advised that anyone not listed above will not be allowed to pick up your child from school. In addition, identification will be required.**

**In the event that the school is unable to contact me, I authorize my child (named at the top of this form) to be released to any of the person(s) listed above.**

\_\_\_\_\_  
Parent or Guardian (print name)      Parent or Guardian (Signature)      Date



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### MEDICAL HISTORY QUESTIONNAIRE

Student Name \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (Please List All) \_\_\_\_\_

**Current Medications:** (Include those taken for Asthma, Allergy, ADD, ADHD, Diabetes, etc.)

Drug (Name of prescription)	Dosage (e.g. 5 mg tabs)	Route (e.g mouth, inhaler)	Frequency (once a day, 2x a day)

**Health Problems Which May Affect Classroom and/or Enrichment Work**

Vision                     
  Eyeglasses                     
  Hearing                     
  Speech                     
  Physical Limitation

**Health History:** Check all that apply. Attach additional information if necessary.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Has a medical problem or injury</li> <li><input type="checkbox"/> Ever been hospitalized</li> <li><input type="checkbox"/> Has any missing organs</li> <li><input type="checkbox"/> Passed out during or after exercise</li> <li><input type="checkbox"/> Has high blood pressure</li> <li><input type="checkbox"/> Has racing of the heart or skipped heartbeats</li> <li><input type="checkbox"/> Has any skin problems</li> <li><input type="checkbox"/> Ever been knocked out or unconscious</li> <li><input type="checkbox"/> Ever had a stinger, burner, or pinched nerve</li> <li><input type="checkbox"/> Ever been dizzy or passed out in the heat</li> <li><input type="checkbox"/> Wears glasses or contacts</li> <li><input type="checkbox"/> Had a broken bone or fracture in the past 2 years</li> <li><input type="checkbox"/> Injured his/her knee in the past 2 years</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Been told she/he has a heart murmur.</li> <li><input type="checkbox"/> Tired more quickly than his/her friends during exercise</li> <li><input type="checkbox"/> Ever had a head or neck injury</li> <li><input type="checkbox"/> Ever had a seizure - If so, when? _____</li> <li><input type="checkbox"/> Ever had heat cramps</li> <li><input type="checkbox"/> Has had trouble with breathing or coughing during or after activity</li> <li><input type="checkbox"/> Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints</li> <li><input type="checkbox"/> Has a shoulder injury</li> <li><input type="checkbox"/> Ever injured his/her back</li> <li><input type="checkbox"/> Has had surgery</li> </ul> |
|---|---|

**My child has/had the following:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Hernia            | <input type="checkbox"/> Chicken Pox      | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> ADHD or ADD   |
| <input type="checkbox"/> Abnormal bleeding | <input type="checkbox"/> Prosthesis       | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Behavior Plan |
| <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Kidney Infection | <input type="checkbox"/> Sickle Cell (trait) | <input type="checkbox"/> Hepatitis     |
| <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> Rheumatic Fever  | <input type="checkbox"/> Concussion          | <input type="checkbox"/> Anemia        |
|  | <input type="checkbox"/> Mononucleosis    | <input type="checkbox"/> Diabetes            |  |

Please List All Asthma Triggers: \_\_\_\_\_

Primary Care Physician:  
 \_\_\_\_\_  
Dr.'s Name Phone
 Current Insurance Provider: \_\_\_\_\_

I have read the above and confirm that the information I am providing in this record is current and accurate to the best of my knowledge.

\_\_\_\_\_  
 Parent or Guardian (print name) Parent or Guardian (Signature) Date



# Champ Camp - 2018 - 2019 -



## **MEDIA RELEASE FORM**

**Student Name** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Occasionally your child may be on a field trip or participate in an after- school activity or event that requires video recording, photos, or media coverage. Please review the Media Release Form below and select the appropriate option. Should your preference change at any time, you are responsible for contacting Communities In Schools of Greater New Orleans, Inc. and completing a new form indicating your new preference. Agreeing to video, photos, or media coverage does not in any way guarantee that your child will be videotaped, photographed, or interviewed: instead, it simply indicates that you have agreed to allow your child to participate in such activities. The child's image may be used without restriction in such manner as is deemed necessary or appropriate, including, but not limited to, dissemination for educational, research, scientific, public relations, community affairs, marketing, and charitable purposes; and dissemination may be accomplished in any manner, subject only to the following limitation(s), if any:

### **Please check one option below**

- I hereby agree** to allow my child to be videotaped, photographed or interviewed for all after school related projects and media coverage. It is my understanding that all photographs, interviews, or portions thereof may be used for public view (including postings on video sharing websites) and that neither my child nor I will receive any financial remuneration related to this release.
- I do not agree** to allow my child to be videotaped, photographed, or interviewed for any school- related projects or media coverage.

By signing below, I verify that I understand the above release and that I have indicated my preference. I hereby hold Communities In Schools of Greater New Orleans, Inc. and its affiliated vendors, companies and/or representatives, harmless from and against any claim for compensation of any kind.

If my preference changes, I will contact Communities In Schools of Greater New Orleans, Inc.

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Parent or Guardian (print name)                      Parent or Guardian (Signature)                      /                      /                      /  
Date



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## CHAMP CAMP PARENT AND STUDENT CONSENT FORM

Student Name \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for my son/daughter to participate in programs sponsored by Communities In Schools of Greater New Orleans, Inc (CIS) and at his/her school.

**I understand that my permission is being given so that:**

- My child can receive services provided or coordinated by Communities In Schools staff, service providers and/or volunteers. The services may include but are not limited to: supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed. I have received information about the services by CIS.
- I understand that CIS staff, service providers, or volunteers can obtain confidential information, which may include information from school records, financial information, public assistance statuses, test scores, medical information and questionnaires.
- I understand that CIS staff may share information with appropriate school personnel when in the best interest of my child.
- I understand that the information collected on the CIS forms is maintained in a secure computer database and a secure case file. This information is used by CIS to document services provided to students and families to evaluate the CIS program. I also understand that CIS may use the information to verify CIS participants, update service information, and provide closure and follow-up information.
- My child can participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
- In the event of the need for emergency medical care, CIS will follow the procedures of my child's Champ Camp Site.
- There will be direct interaction between my child and CIS staff and volunteers, and staff of CIS partnering agencies.
- My child may participate in interviews and surveys for student or program evaluation.

I release Communities In Schools of Greater New Orleans, Inc. and its employees, volunteers, or agents from liability for accidental injuries or illnesses that may occur to my child during his/her participation in the program.

My child and I understand that we are voluntarily participating in the Communities In Schools of Greater New Orleans, Inc. program. This consent remains in effect until revoked by me in writing and given to the CIS Champ Camp Director.

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Parent or Guardian (print name) \_\_\_\_\_ Parent or Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_