



thriving minds

www.bigthought.org/thrivingminds

Summer Camp

Enrollment Application/Medical Release

Camp Location _____

Registration deadline is May 15, 2009

Please print neatly and complete the entire form. If we cannot read your application, it will not be processed.

Student's Legal Name: _____
Last First MI

Address: _____
Street City State Zip Code

School Child Attends: _____ Grade (08-09 School year): _____

Date of Birth: _____ Gender: Male Female Languages Spoken: _____

The following information is required in case of emergency. The Health and Medical form will be transported with your child to the nearest clinic/hospital to assist the paramedics and hospital staff. This form is also required to be with students during all summer field trips, if enrolled in a Thriving Minds summer program.

Insurance Company:	Phone:	Name of Insured:	Employer of Insured:
Doctor:	Phone:		
Preferred Clinic/Hospital:	Phone:	<input type="checkbox"/> If necessary I prefer my child(ren) to be transported to the nearest Clinic or Hospital.	

IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug, food, etc.), medications and medical history.

No known health problems

I, the undersigned, do hereby authorize employees of Thriving Minds Summer Camp, Big Thought and Dallas ISD to contact directly the person and healthcare provider named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and healthcare for said child. In the event the physicians, other persons named on this form or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. (Section 35.01, Texas Family Code). I will not hold the school district, Thriving Minds or Big Thought financially responsible for the emergency care and/or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform any diagnostic procedures, treatment procedures, operative procedures, x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from the named person.

I certify I am a parent with the legal control of the child, the child's legal guardian or have other court ordered control of the child. I understand that I must notify the Thriving Minds Summer Camp in writing to change any information on this form or to revoke any consent given herein. In understand it is a penal code offense to falsify information for enrollment. I testify all information on this document to be true and correct.

Parent Signature: _____ Date: _____

I give permission for my child to (check all that apply) Be picked up by parent Ride the bus Walk home*

* Thriving Minds advises against students walking home after daylight savings.

CONTACTS listed below, **including parents**, will be allowed to pick up a student, if marked for pick up. The information listed below will replace all existing information on pick-up contacts at the time this form is received by the Thriving Minds Summer Camp Site Manager. **No contacts are entered into the system without PHOTO ID.** Older siblings may pick up provided there is a signed permission letter and photo ID of the sibling on file with the Thriving Minds Summer Camp Site Manager on campus.

The following contacts listed below may serve as my agent and have my permission to pick up my student from the Thriving Minds Summer Camp Program and receive information distributed by Thriving Minds staff.

Relationship to Student: Father/Guardian/Other (Circle one)	Relationship to Student: Mother/Guardian/Other (Circle one)
FIRST Name: _____ LAST Name: _____	FIRST Name: _____ LAST Name: _____
Street Address: _____	Street Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home #: _____ Cell#: _____	Home #: _____ Cell#: _____
Work #: _____ PICK UP? (Circle one) Yes No	Work #: _____ PICK UP? (Circle one) Yes No
Photo ID: _____ Issuing Agency: _____	Photo ID: _____ Issuing Agency: _____

Custodial Parent: Mother Father Both **May child be released to non-custodial parent?** Yes No

Please Note: If child cannot be released to non-custodial parent, we must have legal documentation on file.

3 additional contacts (not mother & father) Full Name (ONLY ONE NAME PER LINE)	Relationship to student	Photo ID (Required)	Issuing Agency	Home Phone # (Required)	Cell Phone # (Required)	Work Phone # (Required)
1.						
2.						
3.						

Photo/Video Release:

- I give my full permission and irrevocable right to use, photograph, broadcast, reproduce, telecast, cablecast, use on the internet or intranet, publish or otherwise use my child’s artwork, performance, photographs or my child’s name or likeness in all forms of communication now known or hereinafter invented in any territory without restrictions (“Works”) for all purposes including broadcast on websites, CD-ROMs, DVDs, television, cable, theaters, print, publicity, advertising, marketing and promotion of every description (“Purposes”) in connection with the Big Thought program(s) in which my child is participating, has participated or will participate (“Programs”). I understand that my child’s name may not appear anywhere, and any rights of attribution or integrity are expressly waived. No claim of any kind will be made by me on behalf of my child regarding such Works. _____ (Please initial)
- I understand that my child’s picture may be taken for the purpose of media coverage for Thriving Minds Summer Camp and I agree to allow these photographs, videotapes and audiotapes to be used for media purposes. _____ (Please initial)
- I understand that my child may be asked to complete survey information and participate in testing regarding Thriving Minds Summer Camp for evaluation purposes, and I agree to allow my child to participate in such. _____ (Please initial)
- I understand that Thriving Minds focuses on improving education, and I agree to allow the Thriving Minds staff and school staff to exchange information, academic progress, and program planning at my child’s school regarding my child’s grades, conduct and attendance records. _____ (Please initial)

Parent Signature: _____ **Date:** _____