Northeast Missouri Area Health Education Center
312 S. Elson Street ♦ Kirksville, MO 63501
660.665.6404 ♦ fax 660.665.6439

May 2017

Dear Student & Parents:

Thank you for your interest in the 2017 **Adair County M*A*S*H Camp,** coordinated by Truman State University, Northeast Regional Medical Center, NEMO AHEC and our local planning committee. This packet contains the preliminary enrollment information to register children for the camp. You are welcomed to make additional copies of these forms as needed.

Space is limited to students entering 6th, 7th, or 8th grade in the fall. You must complete and return mail the following documents to register for this camp.

- Registration & Parent Consent Form (2 pages)
- Demographic Data Form
- $45 registration fee or written request for scholarship

NOTE: Make checks payable to NEMO AHEC

A limited number of scholarships are available to families for whom the registration fee is a considerable hardship. To request a scholarship, please include a written request from parent explaining the hardship situation and requesting assistance from the planning committee. You will be notified at a later date if the scholarship is granted.

Do not delay!!! Registrations CANNOT be taken by phone or fax. Please mail the completed packet and payment to **NEMO AHEC, 312 S Elson St., Kirksville, MO 63501**.

The Adair County M*A*S*H Camp will take place July 11th, 2017 from 8am-4pm at Truman State University and July 12th, 2017 from 8am-4pm at the Northeast Regional Medical Center. Activities will take place indoors and outdoors under the supervision of camp personnel.

Sincerely,

Becky Dawson, Executive Director
Mitchell Schroeder, Summer Camp Intern

Enclosures

July 11-12, 2017	NEMO AHEC Center–Adair County MASH Camp, Kirksville, MO	Participant Code

MAHEC Participant Registration Form

MAHEC is required to report general demographic information about participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly. Last Revision 2/13

Last Name	First Name	MI	Birthdate (mm/dd/yy)	Gender ☐ Male ☐ Female

Address

City	County	State	Zip Code (9 digits if possible)

Primary Phone #	Permanent Email Address

Ethnicity (Select one)
- ☐ Hispanic
- ☐ Non-Hispanic

Race (Select all that apply)
- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
- ☐ Asian (Other)
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

Disadvantaged Status (Select all that apply)
- ☐ I will be/am the first in my family to go to college
- ☐ I grew up with English as my second language
- ☐ I have been diagnosed with a physical or mental impairment that limits my participation
- ☐ I qualify for federal tuition assistance
- ☐ I qualify for the free and reduced school lunch program

Education Level (Select one)
- ☐ Grades K-6
- ☐ Grades 7-8
- ☐ Grades 9-12
- ☐ Post High Schl/Pre-College
- ☐ 2-Year College/Comm Coll
- ☐ 4-Year College
- ☐ 12-Month Post-Baccalaureate
- ☐ Pre-Matric/Pre-Grad School
- ☐ Graduate School
- ☐ Medical School
- ☐ Dental School

[redacted]

Residential Background (Select one)
- ☐ Frontier (Wide Open, Few People)
- ☐ Rural (Country, Small Town)
- ☐ Suburban (Small City)
- ☐ Urban/Inner City (Big City)

Current School Name	City	County	State	Zip Code (9 digits if possible)

Current Grade/College Year	[redacted]	Counselor/Teacher/Advisor Name	[redacted]	[redacted]

K-12 Parent/Guardian Information

Last Name	First Name	Primary Phone #	Permanent Email Address

Relationship	Address (If different from above)

City	County	State	Zip Code (9 digits if possible)

Interests

I intend to enter a health career: ☐ Yes ☐ No

If yes, what three health careers are you interested in?

I intend to enter a health career in primary care, such as family medicine doctor, nurse practitioner, physician assistant, general dentist, pediatric dentist, or community health worker: ☐ Yes ☐ No

I intend to work with people who are medically underserved or where there is not enough health care: ☐ Yes ☐ No

I intend to work in rural areas (not big cities): ☐ Yes ☐ No

Connecting Students to Careers, Professionals to Communities, and Communities to Better Health

Northeast Missouri Area Health Education Center
Registration & Parent Consent Form
ADAIR COUNTY M*A*S*H CAMP
Forms due June 27th

2017

Student's Full Name_____

Nickname/Preferred Name_____**Grade in Fall** _____

School Attending in Fall_____

Emergency Contact #1 _____ **Phone**_____

Emergency Contact #2 _____ **Phone**_____

Family Doctor_____**Phone:** _____

Family Dentist_____**Phone:** _____

Please circle a t-shirt size for the child

Youth Sizes: Medium (8-10) Large (12-14)

Adult Sizes: Small Medium Large XL XXL

Are there any known food or other allergies; emotional or medical problems that we should be aware of? If so, please describe the condition and treatment required?

_____

_____

_____

_____

Are there any activity restrictions for the child? _____

If needed, do we have permission to give your child Tylenol or other over the counter medications? YES_____NO_____

Is the child currently on prescription medication? YES_____NO_____

Name and purpose of medication (s) _____

_____

Will dosage be required during the hours of 8am-4pm? YES_____NO_____
If so, you must *provide detailed dosing instructions 1 week before the camp.*

In case of extreme emergency where immediate family cannot be reached, does AHEC have your permission to transport your child by emergency vehicle to the hospital? YES_____ NO_____

Hospital Preference_____ **If the answer is no, what procedure do you request be followed?** _____ _____

I understand that should an emergency vehicle be requested to transport my child or emergency medical services provided, it is my responsibility to pay for the transportation the treatment of my child.

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Registration & Parent Consent Form
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PARENTAL CONSENT:

I, _____ (Parent/Guardian) of _____ (student) hereby consent that my child may participate in the M*A*S*H Camp which may include bus/van travel and walking trips within the community. I do hereby release the Northeast Missouri Area Health Education Center (NEMO AHEC); all M*A*S*H. Camp host facilities including Truman State University and Northeast Regional Medical Center; all M*A*S*H Camp staff and facilitators-including those providing transportation; all sponsors of the camp; and those acting under NEMO AHEC's permission or authority from any responsibilities of injury or accident as a result of this camp to be held at Truman State University and Northeast Regional Medical Center. I understand that any payment for treatment of injury or accident as a result of this camp is my responsibility.

Parent/Guardian Signature_____Date_____

CONFIDENTIALITY AGREEMENT:

I hereby consent that while participating in M*A*S*H Camp activities at Northeast Regional Medical Center my child may have opportunity to observe patients in a health care setting and to observe medical and laboratory procedures. This activity is a privilege which may expose my child to people with whom they know. I understand that patient confidentiality is of highest concern, therefore my child and I agree not to gossip or discuss the personal life of any patient seen at Adair County M*A*S*H camp.

Student Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

MEDIA RELEASE:

I authorize the Northeast Missouri Area Health Education Center (NEMO AHEC) and those acting under its permission or authority, to use and publish any (for lawful purpose whatsoever) video pictures/photographs of me in which may be included in whole, or in part, or any words I have spoken about M*A*S*H Camp and its workers. I waive my right that I may have to approve the finished product or copy or use to which it may be applied. I release and discharge NEMO AHEC, Truman State University and Northeast Regional Medical Center, and those acting under its permission or authority, from any liability for the use of any picture of me, or of any words I have spoken about the NEMO AHEC M*A*S*H program and its workers.

I have read the release before signing it, and am fully familiar with the contents thereof.

Student Signature_____ Date_____

Parent/Guardian Signature_____ Date_____