



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

May 2019

Dear Student & Parents:

Thank you for your interest in the **2019 Adair County M*A*S*H Camp**, coordinated by NEMO AHEC and our sponsors. 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.

- Demographic Data Form
- Registration & Parent Consent Form (2 pages)
- \$30 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.**

All forms must mailed to NEMO AHEC by May 30th!

The Adair County M*A*S*H Camp will take place June 6th and 7th from 8am-4pm at A.T. Still University Inter Professional Education Building. Activities will take place indoors and outdoors under the supervision of camp personnel.

Sincerely,

Robin Worthington
Executive Director

Laura Wallace
Health Education Specialist

Enclosures

Date:	NEMO AHEC Center	Participant Code
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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 Name	First Name	MI	Birthdate (mm/dd/yy)	Gender
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Address

City	County	State	Zip Code (9 digits if possible)
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Primary Phone #	Permanent Email Address
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Ethnicity (Select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (Select all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) <input type="checkbox"/> Asian (Other) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Disadvantaged Status (Select all that apply) <input type="checkbox"/> I will be/am the first in my family to go to college <input type="checkbox"/> I grew up with English as my second language <input type="checkbox"/> I have been diagnosed with a physical or mental impairment that limits my participation <input type="checkbox"/> I qualify for federal tuition assistance <input type="checkbox"/> I qualify for the free and reduced school lunch program
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Education Level (Select one) <input type="checkbox"/> Grades K-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-12 <input type="checkbox"/> Post High Sch//Pre-College <input type="checkbox"/> 2-Year College/Comm Coll <input type="checkbox"/> 4-Year College <input type="checkbox"/> 12-Month Post-Baccalaureate <input type="checkbox"/> Pre-Matric/Pre-Grad School <input type="checkbox"/> Graduate School <input type="checkbox"/> Medical School <input type="checkbox"/> Dental School		Residential Background (Select one) <input type="checkbox"/> Frontier (Wide Open, Few People) <input type="checkbox"/> Rural (Country, Small Town) <input type="checkbox"/> Suburban (Small City) <input type="checkbox"/> Urban/Inner City (Big City)
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Current School Name	City	County	State	Zip Code (9 digits if possible)
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Current Grade/College Year		Counselor/Teacher/Advisor Name		
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K-12 PARENT/GUARDIAN INFORMATION

Last Name	First Name	Primary Phone #	Permanent Email Address
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Relationship	Address (If different from above)
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City	County	State	Zip Code (9 digits if possible)
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INTERESTS

I intend to enter a health career: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what three health careers are you interested in?
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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I intend to work with people who are medically underserved or where there is not enough health care: <input type="checkbox"/> Yes <input type="checkbox"/> No

I intend to work in rural areas (not big cities): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Connecting Students to Careers, Professionals to Communities, and Communities to Better Health

Student's Full Name _____

Nickname/Preferred Name _____

School Attending in Fall _____ Grade in Fall: _____

Emergency Contact #1 _____ Relation: _____ Phone _____

Emergency Contact #2 _____ Relation: _____ Phone _____

Family Doctor _____ Phone: _____

Family Dentist _____ Phone: _____

Please circle a t-shirt size for the camper

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? _____

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 NEMO AHEC have your permission to transport your child by emergency vehicle to the nearest hospital?

YES ___ NO ___

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.

Initials _____

PARENTAL CONSENT:

I 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; 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. I understand that any payment for treatment of injury or accident as a result of this camp is my responsibility.

Initials_____

CONFIDENTIALITY AGREEMENT:

I hereby consent that while participating in M*A*S*H Camp activities 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.

Initials_____

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, A.T. Still University, 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.

Initials_____

SUNSCREEN POLICY

I understand that a portion of M*A*S*H Camp will be outdoors. Camp staff will not be allowed to provide or apply sunscreen to campers. Campers are recommended to bring spray sunscreen and appropriate clothing to prevent burns.

Initials_____

PICK-UP POLICY

I understand that campers must be picked up promptly by an adult from my authorized list, and they must show a photo ID to camp staff.

Initials_____

Parent Signature_____Date_____