

Fort Drum Regional Health Planning Organization MASH Camp

Parent/Guardian Consent Form

Parent/Guardian Contact Information

Name of Student: _____
Name of Parent/Guardian: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home number: _____ Cell number: _____
Parent/Guardian Email Address: _____
In case of an emergency, please notify: _____ Phone: _____
Relationship to Student: _____
Please document any special medical conditions and allergies: _____

Arrival/Departure

Please place your initials next to one of the choices below.

____ I will come into the hospital to pick up my child each day from camp.
____ My child has permission to leave the hospital and meet me in the parking lot each day of camp.

PLEASE NOTE: If your child will be walking home and/or carpooling with another student when departing from camp, please send a note indicating with whom they will be leaving and on which days/dates.

Parent/Guardian Consent & Liability Release

My son/daughter has permission to attend the Fort Drum Regional Health Planning Organization's MASH Camp. The undersigned does hereby release the Fort Drum Regional Health Planning Organization from any and all liability arising from my/our child's participation in the MASH Camp Program.

Signature of Parent/Guardian: _____ Date: _____

Mail or fax this form by June 19, 2019 along with the following documents to:

- Parent/Guardian Consent, Media Release, HIPAA forms
- Travel Waiver Form (for LCGH, River, and CAH only)
- Up-to-date immunization records
- Proof of physical within the past year
- Flu vaccine
- TB/PPD test & results

Important Note: Forms and specific details related to these requirements will be emailed to accepted students as the requirements may vary by placement site.

Fort Drum Regional Health Planning
Organization
Attn: Celia Cook
MASH Camp
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Watertown, NY 13601
(315)755-2022 (fax)