



Camp spots are filled on a first come, first serve basis. July 12-16, 2021 (Monday-Friday/ 10:00AM-3:00PM) Location: TBA

Child's Name _____ Female ___ Male ___ Date of Birth: _____ Age: _____
Street Address _____
City _____ State _____ Zip _____
Parent's Name _____ Email Address _____
Home/ Phone (____) _____ Work/ Cell Phone (____) _____

EMERGENCY INFORMATION

Emergency Contact _____ Ph # (____) _____ Please note any medical problems (allergies, illnesses, etc.) or special educational issues, which a chaperone should know _____
In case of an emergency, I authorize Toots for Books and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility or that of my child's health insurer.

Toots for Books "It's LITeracy" Summer Camp

STUDENT PHOTO RELEASE & RELEASE OF LIABILITY FORM

I hereby grant permission for the aforementioned minor to participate in the Toots for Books program. I understand that participation is voluntary. I also acknowledge that photographs and video may be used to document and promote Toots for Books Program activities. I hereby grant the right and permission to use and publish the photographs/video material taken in order to develop photographic and multimedia materials. These materials may be used to advertise, market, and promote our youth program activities. I understand that identifying information (e.g. name, address, or phone number) will not be used in this media without my permission.

I further release Toots for Books, its officers, employees, affiliates, contractors, agents, and volunteers supporting the program from any responsibility or liability for any reason as a result of participation in the program.

Parent or Guardian Signature* Date *Signature is required. Unsigned applications will not be accepted.

MEDICAL RELEASE:

Complete the information below. If your child has allergies, medication needs or any other medical condition we need to be aware of, please let us know.

YES NO Medical condition or needs that require monitoring: _____

YES NO Allergies (Food, medicine, insects, etc.): _____

YES NO Currently taking medication (including prescription or over-the-counter medication): _____

YES NO My child has permission to administer his/her own medication. If "NO", the following individual will dispense all medication to my child: _____

In order to dispense medication we need to know the following: _____



- Condition for which it is given: _____
- Exact name of medication(s): _____

Toots for Books “It’s LITeracy” Summer Camp

- Dosage: _____ □ When it should be given: _____

NOTE: All medication must be in its original container to include any items (inhalers, spoons, cups, etc.) which will be needed to properly dispense the medication.

Signature Date _____ Parent or Legal Guardian

MEDICAL ADMINISTRATION RECORD:

AUTHORIZATION TO TREAT:

I hereby give permission to medical personnel selected Toots for Books to provide for emergency medical treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician and other appropriate medical personnel to secure and administer treatment including hospitalization.

Emergency Contact with phone number _____

Guardian Date _____ Parent or Legal

Code of Conduct

To ensure that the ‘Toots for Books Camp’ is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

- I, a Toots for Books Camp participant, will uphold the following conduct and behavior standards:
 - I will be courteous and respectful towards others.
 - I agree to value and respect others’ ideas, regardless whether they are the same as my own.
 - I will actively participate in all missions during workshop sessions.
 - I will conduct myself in a professional manner at all times.

• DATE:

MEDICATION:

DOSAGE:

TIME:

ADMINISTERED BY:

Toots for Books “It’s LITeracy” Summer Camp

- I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages are prohibited.



• I will not use any alcohol, tobacco, or other drugs, or engage in any behavior of a sexual or violent nature at any time during the camp.
As a Toots for Books Camp participant, I pledge to uphold this commitment. I understand that if I am not able to remain in good standing or violate the Code of Conduct during this event, I will be asked to leave.

Youth Signature Date

I have witnessed the pledge made my son/daughter and understand that if my son/daughter breaks any of the commitments stated in this Code of Conduct, they will be dismissed from this event.

Parent/Guardian Signature Date

Director Signature Date Child & Youth

Completed applications should be emailed to kchanyasubkit@tootsforbooks.org or mailed to:

Toots for Books
902 Ellesmere Pt.
Mcdonough, GA 30253
If you have any questions about this program, please contact:
kchanyasubkit@tootsforbooks.org
Office: 850-851-6214