SOUTHEASTERN COMMUNITY COLLEGE
CAMP CARDIAC CARE 2024 Application
July 14 -17, 2025

Student name:_____   **School:**_____

Address:_____   **Age:**_____ **Shirt size:**_____

_____   **Male _____ Female _____**

Home Phone:_____**E-mail:**_____

Cell Phone: _____   **Parent Cell:**_____

To be selected to attend Camp Cardiac Care, a copy of the student's academic transcript with a "C" or better grade point average and an Educational Talent Search application (if the student is not currently enrolled in ETS) must be submitted with the camp application. Transportation to and from camp is the responsibility of the student's parents/guardians. The camp will be held the week of July 14 – July 17, 2025 from 8:45 a.m. to 4:00 p.m., Monday – Thursday. A light breakfast and lunch will be provided each day.

Please state in the space below your reasons for wanting to attend Camp Cardiac Care. Explain your interest in allied health careers.

EMERGENCY MEDICAL INFORMATION

In the event that (child's name) _____ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or hospital of preference. I assume financial responsibility for any injuries that may occur while he/she is enrolled in Camp Cardiac Care.

**Insurance
Information:**_____

Physician:_____   **Dentist:**_____

Hospital:_____   _____
                                                                                        Signature of Parent/Guardian:

Please list below any allergies (food, medication or other) or medical conditions (such as ADD, medications taken) we should be aware of:

_____

Parental Release Waiver

I understand and agree that Southeastern Community College may photograph participants of Camp Cardiac Care for use on the Southeastern Community College website, in college publications and press releases, and showings on the college television channel. **I understand and agree that the Southeastern Community College may photograph and videotape my child and his/her works as part of the Camp Cardiac Care promotional and historical activities.**

As the parent/guardian of the above child, I agree to the above conditions.

_____   _____

Signature of Parent/Guardian   **Date**

_____   _____

Signature of student   **Date**

(4/23/24)