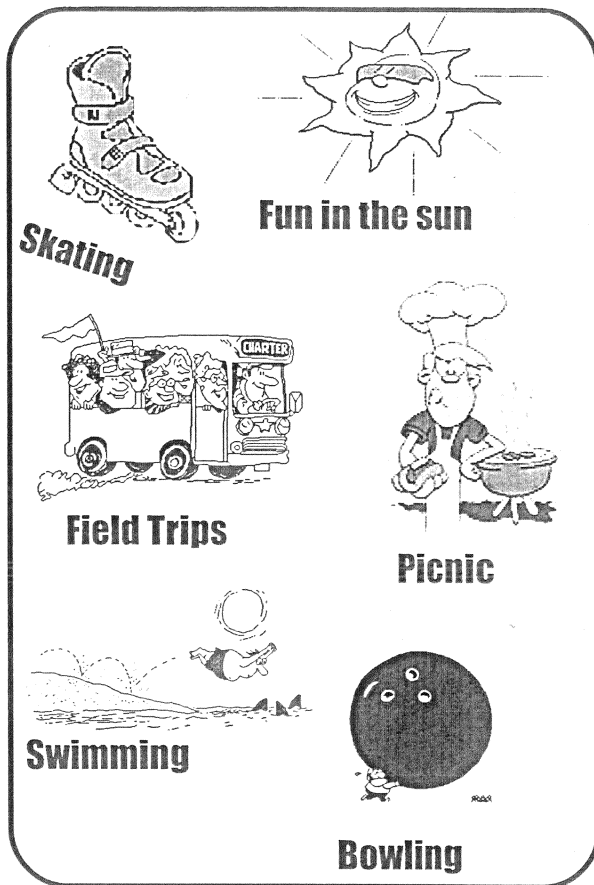




A United Way Agency

Mental Health Association  
in Morgan County  
P.O. Box 1502  
Decatur, AL 35602



## Summer Camp 2009

June 8-12  
&  
July 13-17

Non-Profit  
Organization  
U.S. Postage  
PAID  
Permit No. 221  
Decatur, AL 35602

What:

### Summer Day Camp

Sponsored by the  
Mental Health Association in  
Morgan County

For:

Children in Grades 1-5 who have been medically diagnosed as having Attention Deficit Hyperactivity Disorder or other emotional disorders.

We will incorporate team work and social skills, and conflict resolution skills through our activities.

When:

June 8-12 and July 13-17, 2009  
8:30 a.m. - 2:30 p.m.

Where:

Mental Health Association  
207 Commerce Circle, SW  
Decatur, AL

Fee:

\$30 for the two-week program. This includes a camp t-shirt. Arrangements can be made for a scholarship.

Camp Teachers

- Certified School Teachers
- Volunteer Teen Counselors

### Steps to Enroll

1. Enroll your child NOW while spaces are available. Enrollment is limited to 20 campers.
2. Fill out the Registration Form and Health History Form and sign both forms. Mail by May 27. Enclose check made payable to: **Mental Health Association**  
Mail to:  
**P.O. Box 1502**  
**Decatur, AL 35602**  
or bring to the MHA Office  
207 Commerce Circle, SW
3. Send brown bag lunch with your child every day unless teachers announce otherwise. Drinks are provided.
4. You provide transportation to the camp site.
5. Call the Mental Health Association (353-1160) if you have questions.

## Registration

Camper's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ home phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_  
 School \_\_\_\_\_ Grade this year \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_ cell phone: \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_ work phone: \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ work phone: \_\_\_\_\_

Person to notify in emergency if parents cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Other persons authorized to pick up camper

Fee Enclosed \_\_\_\_\_ Scholarship Requested \_\_\_\_\_

T-Shirt Size (circle one) Youth Sizes: S (6-8) M(10-12) L (14-16)  
 Adult Sizes: S (30-32) M (34-36) L (38-40) XL (42-44)

### It is agreed that this camper may:

- Participate in all camp activities (If no, specify on Health Form)  yes  no
- Participate in swimming at Point Mallard or the Aquadome  yes  no
- Travel on field trips on MCATS vans  yes  no
- I give my permission for the release of school related information concerning my child  yes  no

I \_\_\_\_\_ (parent) hereby release and discharge the Mental Health Association for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my child's participation in the summer day camp. I have full knowledge as to the content of this program, and I have full knowledge of the probable risks involved. Except for those limitations named on the health form, I certify that \_\_\_\_\_ is healthy and fit to participate in this event.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

## Health History Form and Consents

**PARENT'S AUTHORIZATION:** This health history is correct to the best of my knowledge. The person herein described has permission to engage in all activities except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to a physician to apply proper treatment and admit my son/daughter to a hospital if necessary.

Camper's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH HISTORY: Check those that apply

<input type="checkbox"/> Fainting	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADHD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Other
<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Emotional Disorders
<input type="checkbox"/> Serious Injuries/Operations	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Allergies (list)
<input type="checkbox"/> Sun sensitivities due to medications	<input type="checkbox"/> Other	

List any food allergies: \_\_\_\_\_

Please List Primary Mental Health Diagnosis Here: \_\_\_\_\_

Other emotional disorders: \_\_\_\_\_

Are immunizations up to date (DPT, Measles, Mumps, Polio, Rubella, etc)  yes  no

Are any activities to be restricted?  yes  no If yes, please explain.

Is your child currently under specific medical care?  yes  no If yes, please explain.

List any medications being taken and directions for giving medications by camp teachers.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature