

JUDY TRAVIS HEALTH CAREERS CAMP
JFK MUHLENBERG HAROLD B. AND DOROTHY A. SNYDER SCHOOL OF
NURSING AND MEDICAL IMAGING

Dear Camp Applicant,

Thank you for your interest in the Judy Travis Health Careers Camp. As you requested, you will find the complete application to participate in this exciting week-long program that explores a variety of health care careers.

Documentation of the NEGATIVE PPD/Mantoux tuberculin test or chest x-ray, within the past 12 months, and a copy of immunization record must be provided with the application to be considered for the program.

The application must be complete and received in its entirety by JUNE 1, 2018. Admission decisions are made as completed applications are received, as long as spaces are available. **The following must be completed and submitted in its entirety to be considered for acceptance.**

- Application Form
- Emergency Contact Form
- Immunization Record from a school nurse or physician/pediatrician
- Documentation of a **NEGATIVE** PPD/Mantoux tuberculin test or chest x-ray, within the past 12 months, from a physician/pediatrician
- Transcript showing good academic standing with a C+ average or better
- Personal statement as to why you are interested in attending the program
- Recommendation letter from a teacher
- Recommendation letter from a guidance counselor

***The following forms have been included in the application packet and are to be completed and submitted ONLY upon your child's acceptance into the program. These forms are to be mailed and received no later than Monday, June 18, 2018. If not received, a student will not be permitted to attend the program.**

- Permission/Limitation Liability Form *
- Publicity Photo Release Form *
- Access and Confidentiality Agreement *

Sincerely,

Susan Adams

Susan Adams
Camp Coordinator

Mail completed applications and forms if accepted into the program to:

JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools
Attn: Judy Travis Health Careers Camp
PO Box 4649
Metuchen, NJ 08840

E-mailed or Faxed applications and acceptance forms, will not be considered.

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Application

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APPLICATION

PLEASE PRINT CLEARLY

NAME: Last _____ First _____ Date: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Are you: Male or Female (please circle)

Cell Phone: _____ E-Mail: _____

PARENT/GUARDIAN NAME: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day time phone number: _____ Evening phone number: _____

HIGH SCHOOL: _____ Grade Entering in September 2018: _____

Have you attended The Judy Travis Health Careers Camp before? ___Yes ___No

Please circle size for Scrubs:

Top: (circle size) XS S M L XL XXL Other: _____

Bottom: (circle size) XS S M L XL XXL Other: _____

Accepted participants will receive scrubs on the first day of camp during registration. All accepted participants are to wear clean scrubs and sneakers daily for participation in the program.

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EMERGENCY CONTACT INFORMATION

Childs Name: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship to child: _____

Address: _____ City: _____ State: _____

Emergency Contact Day Time Phone Number: _____

1. Please indicate if your child has a history of allergies (CHECK ALL THAT APPLY).

My child is free from any allergies

My child has the following food allergies: _____

My child has the following medication allergies: _____

My child has an allergy to latex

Any additional allergies, please describe: _____

2. Please let us know if your child requires any accommodation(s) in order to participate in the Judy Travis Health Careers Camp. If there is any condition(s) which require accommodation(s), please describe the nature of the condition(s) and accommodations(s) required.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 years or older): _____ Date: _____

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Camp Application Checklist

I have enclosed all of the following to be considered for the Judy Travis Health Careers Camp

- Application
- Emergency Contact Form
- Immunization record from a school nurse or pediatrician
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