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 four-day 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 May 31, 2019. 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 17, 2019. If not received, student will not be permitted to attend the program and his/her seat may be forfeited to applicants on waiting list.

- 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.
Judy Travis HEALTH CAREERS CAMP 2019

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.
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: _______________
Judy Travis HEALTH CAREERS CAMP 2019

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

☐ 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

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