

SST Summer Camp Application/Health Form - 2022

Student Information

Student Name _____ Present Grade _____ Date Of Birth _____
Street Address _____ Mailing Address _____
City, State, Zip _____ Home Phone _____

Week of June 20th 1st Choice _____ 2nd Choice _____

Have you done a summer camp at SST before? If so which camp (s) have you done?

Adult Shirt Size (Please circle size) S M L XL

Mother's Name _____ Custodial Parent _____ Home Phone _____
Address (if different) _____ Cell Phone _____

Father's Name _____ Custodial Parent _____ Home Phone _____
Address (if different) _____ Cell Phone _____

Guardian's Name _____ Home Phone _____
Relationship _____ Cell Phone _____

Step Parent's Name _____ Home Phone _____
(If living with student) Cell Phone _____

Email Address
Contact _____

Current School _____

Emergency Contact Information: Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

- 1. Last Name, First Name Relationship Daytime Phone Number Cell Phone
2. Last Name, First Name Relationship Daytime Phone Number Cell Phone
3. Last Name, First Name Relationship Daytime Phone Number Cell Phone

PLEASE MAKE CHECKS PAYABLE TO: Seacoast School of Technology

MAIL TO: Seacoast School of Technology
Attn: Brenda Schrempf
40 Linden St.
Exeter, NH 03833

Office Use Only:
Date Received _____ Check # _____ Cash _____

Student Name: _____

Health Information:

Doctor _____

Conditions or problems: _____

Allergies: YES/NO If yes, please provide the following information:

Stinging Insects Foods Medication Latex Other _____

Does your child have Asthma? YES/NO

My child _____ may carry his/her asthma inhaler/EpiPen (circle appropriate) as needed.

Current medication(s) taken at home: _____

Will your child require any medications at camp? YES/NO – If yes, please list and call the office for additional paperwork. _____

Internet Permission: I grant my child permission to use the Internet per RUP (Responsible Use Policy) and filter policies. **Yes**___ **No**___

Website Permission: I will allow my child’s writing, picture, movie or sound recording to be published on the school district website. **Yes**___ **No**___

Newspaper Publication: I grant permission for my child’s photo to appear in the newspaper and on the school district website. **Yes**___ **No**___

Parent/Guardian Signature/Date