

Three Circles Foundation

Date _____

DJJ Referral? _____ (Check here)

Camper Information Form (To Be Completed by Legal Guardian)

Please fill out this camper information form. It will provide much needed data for our Staff.

Name _____ Preferred Name _____
Last First M.I.

Current Address _____
Street City State Zip

Date of Birth: ____/____/____ Age ____ Sex ____

Current School: _____ Grade (for Spring): _____

Parent/Guardian Name(s) living in the home: _____

Parent/Guardian Phone _____ Parent/Guardian email _____
DFCS Case Manager (If Applicable)

Name: _____ County: _____

Case Manager phone: _____ Case Manager E-mail: _____

Medical Information:

Any conditions that will interfere with physical activity? Yes ____ No ____

Please explain: _____

Are there any activities to be limited/discouraged by physician's advice? Yes ____ No ____

Please explain: _____

Please list all medications the camper is taking and the way which they are to be administered: _____

Please list any allergies the camper may have: _____

Does the camper use an Epinephrine injector for severe allergic reactions? Yes ____ No ____

Does the camper have any special needs (ie: dietary needs, etc.) that Three Circles Foundation will need to accommodate?

Yes ____ No ____ Please explain: _____

Does the camper have asthma? Yes ____ No ____ If so, does he/she use an inhaler? Yes ____ No ____

Other Information (Very important):

Does the camper relate well with his/her peers? Yes ____ No ____ With adults? Yes ____ No ____

If no, please explain in detail: _____

List name(s) of anyone that should NOT be around the camper: _____

Can the camper swim? Yes____ No____ I don't know _____

Please list the camper's interests and hobbies: _____

After Camp Information:

Is it okay for the camp staff to contact student after camp is over? Yes____ No____

If no, please explain _____

What is the best way to contact student after camp? (phone, home visits, school visit, email, etc) _____

Photo Release Information:

Do you give permission as parent or legal guardian for camper's picture to be taken and possibly published in a Three Circles Foundation publication? Yes____ No____

I have completed the above application to the best of my knowledge.

Parent/Guardian Signature***STOP*DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY***

Date

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-disclosure of confidential information provided to Three Circles Foundation.

I _____, Parent/Guardian of, _____: authorize the Three Circles Foundation to:

_____ release to, obtain from, and/or exchange confidential information with the following agencies:

_____ Department of Family and Children's Services

_____ Department of Juvenile Justice

_____ Current School Attending (Name of school: _____)

_____ City of Refuge NW Georgia & Partnering Ministries

_____ Open Door Children's Home

_____ Other: _____

the following information pertaining to myself/and or all persons included on my application:

_____ Grades and/or GPA

_____ Behavior and/or Attendance Record

_____ History/intake, diagnoses, prognoses, test results and all other Medical or Psychological information

_____ other (specify) _____

for the purpose of: _____ evaluation/assessment and/or coordinating Mentor efforts

_____ other (specify) _____

Student name (please print): _____ DOB: _____

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released), but must do so in writing to Three Circles Foundation, Inc.

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

STOP*DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY

Medical and Liability Release Form: Three Circles Foundation, Inc.

I, _____ (Parent's/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. I hereby release Three Circles Foundation, Inc., and all agents and employees of Three Circles Foundation, Inc. from all liability in the event of accidental injury or death. This release is effective for the duration that the youth is involved with Three Circles Foundation, Inc.

ADDRESS: _____ PHONE: _____

HEALTH INSURANCE COMPANY: _____

POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

· Name: _____ Phone Number: _____

· Name: _____ Phone Number: _____

· Any Three Circles Foundation, Inc. Employee or staff member

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

MEDICATIONS BEING TAKEN: _____

KNOWN ALLERGIES (including Food and Medical allergies): _____

MEDICAL INFORMATION PRIVACY POLICY of Three Circles Foundation, Inc. ("TCF")

We will keep all student medical records ("information") private in conformity with federal, state, and local laws. The information will be maintained in a secure location that is accessible only by TCF staff for purposes including, but not limited to, counseling, providing services addressing a medical emergency, and/or the receipt of a request by the parent or legal guardian of the student for the information to be returned and/or purged from the records of TCF. We reserve the right to share the information with state or local government, as well as the parties authorized to receive and disclose confidential information above, upon reasonable request as is advisable for providing services to student or necessary for settling any legal matter regarding the student or TCF. We also reserve the right to share the information with medical professionals as is necessary for the administration of emergency medical treatment.

SIGNATURE (GUARDIAN) _____

****STOP**DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY****

DATE _____ PHONE _____

Subscribed and sworn before me _____ day of _____, 20_____

Notary Public

PLEASE RETURN ALL COMPLETED FORMS TO: Three Circles Foundation, 224 Perennial Springs Rd., Summerville, GA 30747 OR SCAN AND EMAIL TO: info@threecirclesfoundation.org