

**Bugonaygeshig School**  
**Survival and Culture Camp**  
**July 22<sup>nd</sup> -26<sup>th</sup> 2019**

**Student's grade 9<sup>th</sup> thru 12<sup>th</sup>**

**First come first serve, we are accepting 50 applicants. Please  
be sure to have a reachable phone number**

**This application contains three pages. Use one application per child**

**Student Information**

**Student's Name** \_\_\_\_\_

**Birth Date**      **Month**\_\_\_\_ **Day**\_\_\_\_ **Year**\_\_\_\_

**Grade** \_\_\_\_\_

**Gender** Male\_\_\_ Female\_\_\_

**Address**    **Street/ Physical** \_\_\_\_\_

**City**\_\_\_\_\_ **Zip.**\_\_\_\_\_ **State**\_\_\_\_\_

**Parent / Guardian Information**

**Name**\_\_\_\_\_

**Home Number**\_\_\_\_ \_

**Cell Number**\_\_\_\_ \_

**E-Mail**\_\_\_\_\_

Transportation will be provided

How will your child be transported to the camp? \_\_\_\_\_

Who will be allowed to pick up your child? \_\_\_\_\_

Who will not be allowed to pick up your child? \_\_\_\_\_

Bugonaygeshig School Culture/ Language Camp application continued.

## Emergency Information

Emergency contacts Name

\_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_ \_\_\_\_ \_\_\_\_

Alternate emergency contact \_\_\_\_\_

Phone Number \_\_\_\_ \_\_\_\_ \_\_\_\_

Does the Child have any allergies, chronic illness, or medical conditions? If yes please describe.

**We will be using deet and other repellants, is your child able to use this product/** YES \_\_\_\_\_ No \_\_\_\_\_

Is the child prescribed an inhaler? If yes, please explain the instructions. \_\_\_\_\_

(Please remember to send any medications with your child, prescriptions will be held and administered by the professional medical staff).

Is the child I.H.S. eligible? Yes \_\_\_\_ No \_\_\_\_

## **Medical Release and Authorization.**

As parent and / or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional , requires immediate attention to prevent further endangerment of the minor child's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort if delayed.

Permission is hereby granted to the responding Ambulance to transport said child to the nearest Medical facility.

Permission is also granted to the Bugonaygeshig School and its affiliates including Directors, Counselors to provide the needed emergency treatment required prior to the child's admission to the medical facility.

This release is authorized by my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

### **Parent/Legal Guardian signature**

**sign**

**Date**

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<sup>i</sup> Author, Bonita Desjarlais