

# Camden Military Academy

*Camden, South Carolina*

## Enrollment Forms for Summer School/Camp 2009

*Please complete all forms and return no later than  
June 15, 2009. Full payment for summer  
school/camp must also be received by  
June 15, 2009.*

*Should you have any additional questions after reviewing the  
enclosed information, please call us at 1-800-948-6291. We will be  
glad to answer any question you or your son may have. We look  
forward to seeing you at summer school!*

*(Note: All students must have a physical prior to enrollment.)*



**PERMISSION AND PARTICIPATION RELEASE**

Students enrolled in summer school at Camden Military Academy have the opportunity to participate in both on and off campus recreational activities. For 7-day boarders as well as 5-day boarders who choose to participate, these activities include trips and outings outlined on the registration form.

Camden Military Academy will exercise care and good judgment, as well as adult supervision for off campus activities. By signing this release it is understood that in the event of an accident resulting in injury to your son, neither Camden Military Academy nor any of its employees or agents may be held liable except for intentional acts or omissions by the school, agents, or employees.

In addition to off campus trips, there will be, during the course of the summer, opportunities to participate in a number of sporting activities which could include, but are not limited to, tennis, weight lifting, swimming, use of the gym, track, and athletic fields as well as the indoor recreational activities available at the Carlisle House. Any sport carries with it certain risks. Camden Military Academy has established a strong athletic program and encourages its students to participate. By signing this release, parents/guardians are granting their son/charge their permission to participate in any and all intramural athletics and recreational activities. They also acknowledge that most sports are contact sports by nature and any sport has the potential to be a contact sport. Any exceptions to sports participation may be listed below. Additionally, by signing this release, parents/guardians acknowledge an understanding that in the event of a sports-related injury to their son/charge, neither Camden Military Academy nor any of its agents or employees may be held liable except for intentional acts or omissions by the school, agents, or employees.

It is also understood that medical costs associated with any sports or activity related injury are the sole responsibility of the parent/guardian and not the responsibility of Camden Military Academy.

I, \_\_\_\_\_ (parent/guardian name), do hereby give my permission for my son/charge to travel off campus and release Camden Military Academy and its employees and agents from any liability resulting from an accident during such a trip.

Additionally, I give my permission for my son/charge to participate in any and all sports and recreational activities at Camden Military Academy except for (list exceptions)

\_\_\_\_\_

I hereby release Camden Military Academy and its employees and agents from any liability resulting from any injury that results from my son/charge's participation in any sport or activity.

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

Age \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardians' Signature

To be read and signed by student if 18 years of age or older: I have read and hereby agree to this Permission and Participation Release.

\_\_\_\_\_  
Student's Signature

**Student Statement of Participation  
Summer 2009**

***To be read and signed by each student:***

By signing this agreement I hereby indicated my willingness to enroll as a student at Camden Military Academy for the 2009 summer school/camp.

I understand that upon my entry into Camden Military Academy I am subject to the rules, regulations, and policies of the Academy. It shall be within the discretion of the school authorities to punish or dismiss me for any breach of said rules, regulations, and policies. The Academy will also, at its discretion, require me to produce any item concealed on my person or conduct searches of my room and/or belongings. I further agree to cooperate with the Academy authorities on the maintenance of good discipline and do hereby consent to the administration of drug screening tests as deemed necessary by the Academy authorities. Refusal of a drug-screening test shall be considered ground for dismissal. The Academy has been advised that drug screening tests can establish that there has been use, but cannot insure that there has been no drug use.

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Date

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Print Student's Name

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Signature of Student

## Memo to Parents Summer 2009

Camden Military Academy maintains a very strict policy regarding the use or possession of illegal drugs, alcohol, and huffing. No student, while enrolled at CMA may use or possess illegal drugs on campus or away - weekends, leave, furloughs, or trips.

One of the tools available to us in determining if a student is using drugs is a urinalysis drug screen. We will use this test as necessary to deter drug use by our students while attending CMA. Should a preliminary test indicate drug use has taken place, another sample will be sent to a professional laboratory for further analysis. Pending the results of professional analysis, a cadet may be placed on "out-of-school" suspension. The school has been advised that drug screening tests can establish that there has been drug use in the past, but cannot insure that there has been no drug use. In order for this test to be an effective tool, students cannot have the prerogative of refusing to submit to taking it; therefore, our policy is that if a student refuses to submit to testing, he will be separated from CMA.

The Academy also has the ability to conduct a Breathalyzer identifying alcohol use. Should a student register positive for alcohol use, he will be severely punished. A second offense will most often result in dismissal.

Lastly, should a cadet engage in "huffing" - the inhalation of an aerosol product for the purpose of intoxication - he may be separated. Huffing is an extremely dangerous practice which can result in instant death.

Please sign the statement below and return this form to the Academy.

*It is fully understood that upon my son's/charge's entry into Camden Military Academy, for either the academic year or summer school, \_\_\_\_\_ (**print student name**) is subject to the rules, regulations, and policies of the Academy and that it shall be within the discretion of the school's authorities to punish or dismiss my son/charge for his breach of any such rules, regulations, and policies. The Academy will also, at its discretion, conduct searches of my son's room and/or his belongings.*

*I further agree to cooperate with the Academy authorities on the maintenance of good discipline and do hereby consent to the administration of drug screening tests - at the parents/guardians' expense - to my son/charge if deemed necessary by Academy authorities. Refusal of drug screening tests by a student shall be considered grounds for dismissal. [The Academy has been advised that drug screening tests can establish that there has been use, but cannot insure that there has been no drug use.]*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian

**Cost for Summer School Options at Camden Military Academy. Fill in the blank with the cost to indicate your choices.**

**High School**

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

Program 1	7 day boarder	June 21-July 31 2 courses=2 credits (Includes all weekend trips and activities)	\$4495 _____
Program 2	5 day boarder	June 21-July 31 2 courses=2 credits (Weekends at home)	\$2995 _____
Program 3	7 day boarder	June 21-July 10 1 course=1 credit OR July 12-July 31 (Includes all weekend trips and activities)	\$2995 _____
Program 4	5 day boarder	June 21-July 10 1 course=1 credit OR July 12-July 31 (Weekends at home)	\$2295 _____

**Middle School/Enrichment Camp**

Program 5	7 day boarder	June 21-July 31 (Includes high school trips)	\$4495 _____
Program 6	5 day boarder	June 21-July 31 (Weekends at home)	\$2995 _____
Program 7	7 day boarder	June 21-July 10 OR July 12-July 31 (Includes high school trips)	\$2995 _____
Program 8	5 day boarder	June 21-July 10 OR July 12-July 31 (Weekends at home)	\$2295 _____

**Adventure Camp**

Program 9		First Session (June 21-27) OR	\$795 _____
Program 10		Second Session (July 12-18) Both Sessions	\$1590 _____
Program 11		Add on w/ Enrichment Camp	\$200 _____
		Miscellaneous Expense Fee (Mandatory)*** <i>Unused portion will be refunded after August 1</i>	\$200 _____
		Application Fee of \$100	\$100____*due if not already paid

7day boarders required student bank and extra spending money for trips \$ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Weekend trips are included for all 7 day boarders but all others may purchase trips at \$500 each.**

### Student Bank for 7 Day Boarders

All 7 day boarders need a student bank account for a weekly allowance. Parents are asked to deposit an amount equal to the "allowance total" below for summer school. This is paid weekly to the student at an amount set by the parents. The Academy requests that the amount of the allowance be between \$10.00 to \$25.00 weekly. The Academy will not pay more than \$25.00 as a set weekly allowance.

Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Laundry #)

Name of parent/guardian responsible for student bank \_\_\_\_\_

Phone Number of parent/guardian \_\_\_\_\_

Names of other persons who may authorize adjustments in student bank \_\_\_\_\_

Amount of weekly allowance \_\_\_\_\_ x 6 weeks = \_\_\_\_\_  
(\$10.00 to \$25.00) Allowance Total

#### Spending Money for Weekends:

Parents may also deposit extra spending money for weekend outings.  
(Note: Extra spending money is not required; all expenses involved in each weekend trip are covered in the cost of the weekend.)

#### Extra Spending Money

Trip #1 \_\_\_\_\_

Trip #2 \_\_\_\_\_

Trip #3 \_\_\_\_\_

Trip #4 \_\_\_\_\_

Trip #5 \_\_\_\_\_

Allowance total from above \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Camden Military Academy Infirmery Insurance Information  
ALL INFORMATION MUST BE COMPLETED**

School Term:            Fall \_\_\_\_\_(year)            Summer \_\_\_\_\_(year)  
Returning Student: yes\_\_\_ no\_\_\_ If yes, last date attended\_\_\_\_\_

Student's Full Name: \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ Race \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Name of Primary Contact Parent or Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

County \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name / Address / Phone \_\_\_\_\_

**Name of Secondary Parent or Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

County \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Current Medication** Cadet is taking: \_\_\_\_\_  
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**INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Group# \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

I have included a copy of each insurance card (front and back). I have labeled each card as primary, secondary, etc.... I give permission for Camden Military Academy Infirmery and its affiliates to release insurance for the aforementioned student's medical care. I give permission for Camden Military Academy and its affiliates to provide medical treatment as necessary in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camden Military Academy Infirmary  
Emergency Hospitalization / Permission for Treatment**

School Term: Summer 2009

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

\_\_\_\_\_  
SSN

In order to comply with the policies of the area hospitals, doctor's offices, and school policy, we request that you sign the statement below and return it with the other enrollment forms.  
**PLEASE BE SURE TO HAVE IT PROPERLY NOTARIZED PRIOR TO RETURNING IT.**

I hereby authorize Camden Military Academy agents and employees to execute any and all insurance department assignments for hospitalization or medical expenses, and if necessary to sign the admissions forms. I further agree, should the insurance proceeds be insufficient to cover the entire hospital costs, that I will be responsible for the payment of the entire bill. *A credit card may be required from the parent/guardian for all outside, off campus medical services.*

I hereby authorize any physician, surgeon, practitioner, school registered pharmacist or other person, any hospital including Veterans Administration or government hospital, any medical service organization, and insurance company, or any other institution or organization to release any medical or other information acquired, including benefits paid or payable, concerning this claim or other claims. A photostate of this authorization shall be as valid as the original.

I hereby appoint Camden Military Academy agents and employees as my authorized representatives to give all authority to permit hospitalization, medical treatment, and surgical procedures for my son/ward.

**PARENT/GUARDIAN PERMISSION TO ADMINISTER PRESCRIPTION / NON-PRESCRIPTION MEDICATIONS**

I hereby give permission for my child \_\_\_\_\_ to receive medication while at Camden Military Academy. I understand that the school takes no responsibility for the administration of the medication. I hereby release Camden Military Academy, its agents, and employees, from any liability that may result from my child taking prescription and non-prescription medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me on  
Date \_\_\_\_\_

Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_

Camden Military Academy Infirmary Physical  
(To be completed by your physician's office)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ T: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_

CBC/WBC: \_\_\_\_\_ H/H: \_\_\_\_\_ U/A: \_\_\_\_\_ PPD: \_\_\_\_\_  
(Required yearly)

If PPD is positive, a CXR must be done.

Visual Acuity: OD \_\_\_\_\_ OS: \_\_\_\_\_ OU: \_\_\_\_\_

Glasses: Yes or No    Contacts: Yes or No    Hearing Deficit: Yes or No

Growth and Development: (circle)    Normal    Underweight    Overweight

Nutritional Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

HEENT: \_\_\_\_\_

MOUTH/DENTAL: \_\_\_\_\_

LYMPH: \_\_\_\_\_

RESPIRATORY: \_\_\_\_\_

CARDIOVASCULAR: \_\_\_\_\_

CHEST: \_\_\_\_\_

GASTROINTESTINAL: \_\_\_\_\_

GENITOURINARY: \_\_\_\_\_

MUSCULOSKELETAL: \_\_\_\_\_

SKIN: \_\_\_\_\_

The above named person may participate in all physical activities, sports, and JROTC: Yes or No. If unable to participate in any activities, a doctor's excuse must be submitted with specific restrictions and inclusive dates of restrictions.

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Camden Military Academy Infirmary  
MEDICATION ADMINISTRATION FORM**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

School Term Fall \_\_\_\_\_(year) Summer \_\_\_\_\_(year)

Please list all medication and include the reason for taking, ex. ADD, ADHD, depression.  
 B=Breakfast (0600 hrs) L=Lunch (1230) S=Supper (1700) HS=Bedtime (2100)  
 PRN=As needed OWE=No weekends or omit weekends

	Medication/Dosage	Reason	Administration Times
1.	_____	_____	B L S HS PRN OWE
2.	_____	_____	B L S HS PRN OWE
3.	_____	_____	B L S HS PRN OWE
4.	_____	_____	B L S HS PRN OWE
5.	_____	_____	B L S HS PRN OWE
6.	_____	_____	B L S HS PRN OWE
7.	_____	_____	B L S HS PRN OWE
8.	_____	_____	B L S HS PRN OWE

Medication Policy:

- 1. Medications must never be in the cadet's possession. Medication must be given to an adult or mailed to the attention of the Infirmary.**
- 2. Medication must be received in a prescription bottle with cadet's name.**
- 3. If medication is removed from or added to the bottle, the parent must note the amount removed or added.**
4. Medications are packaged in med boxes two weeks in advance. Parent must notify nurse immediately if there is a change in medication.
5. Each cadet will be issued two 7-day medication chests. The charge for these chests will be \$2.50 Those returning from the past year may return their boxes sent home and no fee will be charged. New admissions or those who do not return boxes will be charged.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date