



PreCollege Programs

February 28, 2017

Dear Parent/Guardian,

Thank you for your interest in the PreCollege Summer Academic Camps at the University of Wisconsin-Whitewater. Enclosed you will find information regarding our 2017 Summer Camps, including eligibility guidelines and the application process, as well as the goals, objectives, and activities associated with each camp. The camps are open to free and/or reduced lunch students who will be enrolled in the 6th-12th grade during the 2017-2018 academic year. All 12th grade applicants must have at least a 2.0 cumulative grade point average. Students may attend two UW-Whitewater camps per summer, depending on the camps' capacities. Students are allotted up to three DPI scholarships per year across all sponsored programs/campuses.

The following must be received in order for your application to be complete and admission considered:

1. Completed Participant Application Form
2. DPI PreCollege Scholarship Application with signatures from school representatives and parent
3. Household Income Statement signed by parent
4. Camper Health Information Form, front and back completed and signed by parent and student
5. Copy of most recent report card from the 2016-2017 academic year

If any of the above is not properly completed or included, it will delay the process of your application and may cause your son/daughter to be excluded from camp participation. Please rank the summer program(s) you are applying for on your camp registration form in order of preference.

Please apply as soon as the camp application process opens on March 1, 2017. Admission priority is determined on a "first-come/first-served" basis until each camp is filled.

You may contact the Office of PreCollege Programs at 1-800-991-5562, Monday through Friday, 8am to 4:30pm. Or email us at precollege@uww.edu with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads 'Pamela Warren'.

Pamela Warren, Interim Director
PreCollege Programs
University of Wisconsin-Whitewater

UW-Whitewater PreCollege Programs - Participant Application

Program/Camp (please rank in order of preference):

Reading for Success in Math and Science - One week (June 25-30, 2017) - Grades 6-11

College Acceleration Program (CAP) I - Two weeks (July 9-21, 2017) - Grades 6-8

College Acceleration Program (CAP) II STEM - Two weeks (July 9-21, 2017) - Grades 9-10

College Access Program (CAP) III Capstone- Two weeks (July 9-21, 2017)- Grades 11-12

ACT Preparation Camp - Two weeks (July 9-21, 2017) - Grades 10-12

DPI will provide **three** scholarships per year.

Does this student qualify for free/reduced lunch?

Yes No

STUDENT INFORMATION

1. Last Name: First Name: MI: 2. Gender M F

3. Street Address: Apt.

City State ZIP 4. Date of Birth:

5. Home Phone 6. Cell Phone 7. E-mail:

8. Social Security Number 9. T-shirt size: 10. Does this student have an IEP or need disability related accommodations? Yes No

11. Is this student in a GEAR UP program? Yes No If yes, where?

12. Are you a U.S. Citizen? Yes No If no, are you a permanent resident of the U.S. or have you applied or intend to apply for U.S. Citizenship? Yes No

13. Race/Ethnicity: Please answer both a. **and** b. Check **all** that apply. a. Is the student Spanish/Hispanic/Latino/a? No, not Spanish/Hispanic/Latino/a Yes, Puerto Rican Yes, Mexican American, Chicano Yes, Cuban Yes, other Spanish/Hispanic/Latino/a- Print group

b. What is the student's race? Please check **all** that apply. American Indian/Alaskan Native - please specify principal WI or other tribe & reservation:

Asian Indian Black or African American Cambodian Chinese Filipino Guamanian or Chamorro Hmong Japanese Korean Laotian Native Hawaiian Samoan Vietnamese White Other Asian: Other Race:

14. Name of School: 15. Current GPA:

16. Grade entering in Fall 2017: 5 6 7 8 9 10 11 12 HS Dropout

17. Student lives with: Father Mother Stepmother Stepfather Other:

18. How many family members (including yourself) live at home with you?

(Count only yourself, parents or guardians, brothers, sisters, and other relatives who depend on your parents or guardians for financial support.)

19. HEAD OF HOUSEHOLD - FEMALE

Last Name: First Name:

Street Address/City/State/ZIP:

Home Phone Work Phone Cell Phone

Relationship to Student: Mother (biological/adopted) Stepmother Guardian Other:

Have you earned a bachelor's degree from a four-year college or university? Yes No

20. HEAD OF HOUSEHOLD - MALE

Last Name: First Name:

Street Address/City/State/ZIP:

Home Phone Work Phone Cell Phone

Relationship to Student: Father (biological/adopted) Stepfather Guardian Other:

Have you earned a bachelor's degree from a four-year college or university? Yes No

Authorization to Release Information

I hereby authorize any educational institution that I am attending or will attend to release information regarding my enrollment status, financial aid award, school transcript, verification of school lunch status (if applicable), copies of any achievement and/or standardized tests taken, and any other pertinent information to the Office of PreCollege Programs at the University of Wisconsin - Whitewater. I hereby authorize the UW-Whitewater Office of PreCollege Programs to use and release my picture/likeness in any publication/all formats the office deems necessary. I understand the Office of PreCollege Programs, UW-Whitewater, will use the pictures as a means to promote the students' excellence and performance and that the pictures will reflect the goals and objectives of PreCollege Programs and UW-Whitewater.

Behavior Contract and Camp Requirements

A mandatory parent orientation is held at the start of each camp. Students are required to attend the entire camp and all PreCollege classes. Illness is the only excused absence unless other arrangements were made before the Summer Session. Each student is responsible for all class work missed due to absence. PreCollege students are expected to be high achievers, and diligently complete assignments on time in accordance with the highest standards. Students will perform at their highest ability level in the classroom and assume leadership roles in social, cultural, and recreational activities. PreCollege Programs is geared toward college preparation. This is an intense program and through careful planning of the summer curriculum we are striving to encourage each student's success. Enthusiasm, respect for peers and staff, cooperation, and sportsmanship are characteristics that should always be displayed by students.

As a member of the University of Wisconsin-Whitewater PreCollege Programs, your presence on campus reflects the program as well as the entire university community. Therefore, any clothing, belongings, or behavior that is distracting, inappropriate, or indecent may result in a disciplinary process leading up to and including having the participant sent home at parent/guardian expense. The University of Wisconsin-Whitewater also has strict policies on sexual harassment. Any student in violation of these policies will be immediately released from the Summer Academic Camps. I, the parent/guardian, grant my son or daughter permission to accompany UW-Whitewater PreCollege Programs on field trips (summer and academic year components). I expect my child to be on his/her best behavior and act accordingly. Should any incident occur involving improper conduct or emergency circumstances, I understand the trip supervisor will act on my behalf.

If a student chooses not to follow camp rules and guidelines, he or she will be subjected to a disciplinary process up to and including possible expulsion from camp. This also may affect participation in future PreCollege Programs.

Signature of Student

Date

Signature of Parent/Guardian

Date



Have you included all necessary information, forms, and signatures? Incomplete applications are not processed for admission until they are complete, which may delay the application process and/or affect admission into camps. Forms cannot be faxed, as original signatures are needed. Have you:

- Completed and signed this application form?
- Completed the [DPI PreCollege Scholarship Application](#), including:
 - Parent signature Grade level during program Date of birth Section II completed and signed by school staff
- Completed and signed the [Household Size-Income](#) Form?
- Completed both sides of the [Health History Questionnaire](#) and signed it?
- Included a copy of the student's most recent report card?



INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:

Read instructions below. **DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE.** This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:

Mail application to: *Enter name and address of college or institution.*

UW-Whitewater
 PreCollege Scholarship Program
 800 W. Main St MC 310
 Whitewater, WI 53190

College Applying To UW-Whitewater
Program Name Summer Academic Camps

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely.** Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at **your** school for completion of **Section II.** Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

I. STUDENT INFORMATION

Name Last	First	Middle Initial	
Street Address	City	State	Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Check **only one** (For Statistical Purposes)

- Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaska Native Asian Black or African-American Native Hawaiian/Other Pacific Islander White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Anticipated Year of High School Graduation	
School Presently Attending	School District Name	College Program

I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature ➤	Date Signed <i>Mo./Day/Yr.</i>	



Envíe la solicitud a:

UW-Whitewater
PreCollege Scholarship Program
800 W. Main St MC 310
Whitewater, WI 53190

INSTRUCCIONES PARA LA UNIVERSIDAD SOLAMENTE

Escriba el nombre y la dirección de la universidad o la institución en el espacio de arriba.

Universidad a la que realiza la solicitud

UW-Whitewater

Nombre del programa preuniversitario

Summer Academic Camps

Puede recibir tres becas preuniversitarias del Departamento de Instrucción Pública (Department of Public Instruction, DPI) como máximo por año.

INSTRUCCIONES PARA EL ESTUDIANTE/PADRE. El estudiante debe reunir los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Además, debe haber terminado quinto grado, pero no debe haber terminado la escuela secundaria para recibir una beca preuniversitaria del DPI.

Complete la **sección I: Información sobre el estudiante exclusivamente**. El padre/tutor debe firmar en el espacio provisto. Entregue este formulario al director o al representante autorizado del Servicio de comidas en su escuela a fin de que se complete la **sección II**. Una vez que la escuela secundaria firmó la solicitud, envíe la solicitud de beca completa por correo a la **universidad** que ofrece el programa preuniversitario.

I. INFORMACIÓN SOBRE EL ESTUDIANTE

Apellido		Nombre		Inicial del segundo nombre	
Calle			Ciudad	Estado	Código postal
Número de teléfono (código de área)	Correo electrónico		Fecha de nacimiento (mes/día/año)	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	

Marque **solo** una opción (para fines estadísticos únicamente)

- Hispano o latino Ni hispano ni latino
 Nativo de América o Alaska Asiático Negro o afroamericano Nativo de Hawái/Otra Isla del Pacífico Blanco

Nivel de grado actual <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Se graduó un año antes de la escuela secundaria
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Asiste actualmente a la escuela	Nombre del distrito escolar	Cantidad de becas preuniversitarias que recibió anteriormente durante este año calendario
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POR LA PRESENTE, AUTORIZO a que se entregue el comprobante de elegibilidad de mi hijo/a para recibir comidas gratuitas o a un precio reducido en la escuela al campus preuniversitario y al DPI.

Firma del padre/tutor ➤	Fecha de la firma (mes/día/año)
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II. VERIFICACIÓN Y RECOMENDACIÓN

Instrucciones para el director, el representante autorizado del Servicio de comidas o los miembros del personal del DPI/ Programas de Oportunidades Educativas de Wisconsin (Wisconsin Educational Opportunity Programs, WEOP)

Es necesario verificar que el estudiante cumpla con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Esta solicitud se debe enviar a la universidad en la que el estudiante solicitó admisión en un programa preuniversitario del DPI.

¿Este estudiante cumple con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela? Sí No

HE VERIFICADO que este estudiante cumple con los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela y recomiendo a este estudiante para que reciba una beca preuniversitaria del DPI.

Nombre del representante autorizado	Puesto	Número de teléfono (código de área/número)
Verificación de la firma ➤		Fecha de la firma (mes/día/año)



UNIVERSITY OF WISCONSIN WHITEWATER

PreCollege Programs

Dear Parent or Guardian:

The University of Wisconsin-Whitewater serves nutritious meals to children without an additional charge to you. This is possible because federal reimbursement is received for meals served in accordance with regulations governing the USDA Summer Food Service Program (SFSP). To document eligibility for these funds, statements of household size and income must be obtained from parents or guardians. This information is kept confidential. If your income is higher than the amount indicated on page 2 of this letter for your household size, please fill in your child(ren)'s name(s) and write in "not eligible".

Instructions for Completing the Household Size – Income Statement

If anyone in your household receives benefits from FoodShare, W-2 Cash Benefits - Eligible W-2 Cash Benefits programs are: Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC), and W-2 Transition (W-2 T), **and/or Food Distribution Program on Indian Reservations (FDPIR) follow these instructions:**

Part 1: List each participant's name and a case number for one household member (adult or child) who receives FoodShare, W-2 Cash Benefits or FDPIR.

Part 2: Skip this part.

Part 3: Sign and date the form. Print your name; provide address and phone number. A Social Security Number is not necessary.

Part 4: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

- In section 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
- In section 2, list the amount each person got last month from welfare, child support, alimony.
- In section 3, list Social Security, pensions, and retirement.
- In section 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 3: An adult household member must sign and date the form, provide an address and phone, and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 4: Answer this question if you choose to.

If your household includes a FOSTER CHILD or Workforce Investment Act (WIA) participant, use one application for the whole household and follow these instructions: In terms of completing the Household Size - Income Statement, a child who is the legal responsibility of a welfare agency or the court may be considered a foster child.

Part 1: Enter each participant's name and check box indicating child is a foster child or WIA participant.

Part 2: Complete this part if you are applying for other children in the household and you did not enter a FoodShare, TANF or FDPIR case number in Part 1.

Part 3: Sign and date the form. Print your name; provide address and phone number. If Part 2 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 4: Answer this question if you choose to.

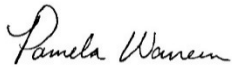
Household Size	Monthly Income Level <i>Effective July 1, 2016, through June 30, 2017</i>
1	\$ 1,832
2	2,470
3	3,108
4	3,747
5	4,385
6	5,023
7	5,663
8	6,304
For each additional household member add	+ 642

Part 4: Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the application cannot be approved and the sponsoring agency will not be able to receive federal funds to help pay for the meals served to the child. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare (Food Stamp), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child's income eligibility status, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Sincerely,



Pamela Warren, Interim Director
Office of PreCollege Programs
University of Wisconsin-Whitewater

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 11/12)

Part 1. List all children attending enrolled program or camp (INCLUDING FOSTER CHILDREN)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	Check box below if Foster Child	Provide FoodShare Wisconsin, W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 3 if you listed one of the above case numbers.
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #
	<input type="checkbox"/>	Case #

Steps to completing Part 1. First, list **all** children attending enrolled program or camp. If this application includes a child who is the legal responsibility of a welfare agency or court include name of child/children above and check the box indicating Foster Child. Next, provide the case number if the household receives FoodShare, TANF or FDPIR benefits.

DO NOT LIST: Forward Card (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers.

Complete Part 2 below, if you are applying for children, other than foster children, in your household and are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Total Household Gross Income—Tell us how much and how often

A. Name List everyone in household, Including children listed in Part 1. (Example) Jane Smith	B. Gross income and how often it was received				C. Check if NO income
	Example: \$100/monthly Earnings from work before deductions	\$100/twice a month Welfare, child support, alimony	\$100/every other week Pensions, retirement, Social Security	\$100/weekly All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. **If Part 2 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box** (See Privacy Act Statement on the parent letter).

I CERTIFY that all of the above information is true and correct and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Benefits and/or FDPIR. I understand that this information is being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _ _ _ _ I do not have a Social Security Number

Part 4. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12

Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination	Eligibility Determination	Determining Official's Initials and Date
<input type="checkbox"/> Total Household Size = _____ Total Monthly Income = _____	<input type="checkbox"/> Needy	_____
OR	OR	
<input type="checkbox"/> FoodShare/W-2 Cash Benefits/FDPIR Recipient	<input type="checkbox"/> Non-Needy	



PRECOLLEGE CAMPER HEALTH INFORMATION

PARENT INFORMATION

PARENT/GUARDIAN NAME*:	CAMP/EVENT*:
RELATIONSHIP*:	HOME PHONE*:
CELL PHONE*:	EMAIL*:
ADDRESS*:	CITY*:
STATE, ZIP CODE*:	COUNTRY*:

CHILD INFORMATION

CHILD NAME*:	DATE OF BIRTH (mm/dd/yyyy) *:
GENDER*:	HEIGHT (ft.), WEIGHT (lb.) :
ADDRESS*: (if same as parent's, write "same")	CITY*:
STATE, ZIP CODE*:	COUNTRY*:

EMERGENCY CONTACT

NAME*:	RELATIONSHIP*:	PHONE*:
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INSURANCE & DOCTOR INFORMATION

PRIMARY CARE PROVIDER*:	PHONE*:
DENTIST *:	PHONE*:
ORTHODONTIST*:	PHONE*:
INSURANCE COMPANY*:	POLICY NUMBER*:
GROUP/ID NUMBER*:	NAME OF POLICY HOLDER*:

ALLERGY INFORMATION (skip if no allergies)

ALLERGY TYPE:	DRUG	ENVIRONMENTAL	FOOD	LIFE THREATENING?
ALLERGIC TO:				REACTION:

ALLERGY TYPE:	DRUG	ENVIRONMENTAL	FOOD	LIFE THREATENING?
ALLERGIC TO:				REACTION:

If your child has more than 2 allergies, please type out the remaining allergies on a separate piece of paper specifying the above information for each.

*** Information is Required**

RESTRICTIONS (put an "X" in all that apply)

DIET*:	<input type="checkbox"/> NONE	<input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> VEGAN	<input type="checkbox"/> KOSHER	<input type="checkbox"/> OTHER: Please specify,	
ACTIVITY*:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Please describe,			

MEDICATION INFORMATION (skip if no medications)

By Wisconsin state law, medication must be administered by the camp staff to all campers under age 18.

MEDICATION TYPE:	<input type="checkbox"/> PRESCRIPTION	<input type="checkbox"/> OVER THE COUNTER	STRENGTH:		DOSE:	
MEDICATION NAME:			TIME(S) TO GIVE: <small>(breakfast, lunch, dinner, as needed)</small>			
DATES TO GIVE MEDICATION:			DETAILS:			

MEDICATION TYPE:	<input type="checkbox"/> PRESCRIPTION	<input type="checkbox"/> OVER THE COUNTER	STRENGTH:		DOSE:	
MEDICATION NAME:			TIME(S) TO GIVE: <small>(breakfast, lunch, dinner, as needed)</small>			
DATES TO GIVE MEDICATION:			DETAILS:			

If your child has more than 2 medications, please write out the remaining medications on a separate piece of paper specifying the above information for each.

MEDICAL HISTORY (put an "X" in all that apply)

<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Fainting/dizziness
<input type="checkbox"/> Surgery	<input type="checkbox"/> Passed out/had chest pain during exercise
<input type="checkbox"/> Recurrent/chronic illnesses	<input type="checkbox"/> "Mono" in the last 12 months
<input type="checkbox"/> Recent infectious disease	<input type="checkbox"/> Problems with menstruation
<input type="checkbox"/> Recent injury	<input type="checkbox"/> Problems with falling asleep/waking
<input type="checkbox"/> Asthma/wheezing/shortness of breath	<input type="checkbox"/> Back/joint problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> History of bedwetting
<input type="checkbox"/> Seizures	<input type="checkbox"/> Problems with diarrhea/constipation
<input type="checkbox"/> Headaches	<input type="checkbox"/> Skin problems
<input type="checkbox"/> Glasses/contacts/protective eyewear	<input type="checkbox"/> Traveled outside country in past 9 months
Details:	

Authorization/Consent

If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event the medical treatment is warranted. By signing you are giving your consent in advance for the medical treatment at an appropriate medical facility in care of illness or injury. By signing you are stating that you are aware of and accept the risk inherent in the program activity. By signing you agree to hold harmless and indemnify the state of Wisconsin, the board of Regent of the University of Wisconsin System, and the University of Wisconsin - Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs of expenses which are sustained, incurred or required arising out of the action of your dependent in the course of camp/event.
By providing your signature you authorize us to update your child's health information.

<input type="checkbox"/> I agree*	Parent/Guardian First Name*:	Parent/Guardian Last Name*:	Relationship*:
Parent/Guardian Signature:			Today's Date*:
<input type="checkbox"/> I agree*	Student First Name*:	Student Last Name*:	
Student Signature:			Today's Date*:

Please attach your child's immunization record to this form.

* Information is Required