



**STUDENT/GUARDIAN INFORMATION**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP

Known Student Allergies: \_\_\_\_\_

\_\_\_\_\_

Current Student Medical Condition(s): \_\_\_\_\_

\_\_\_\_\_

**Required Additional Emergency Contacts (list at least two other individuals in addition to parent/guardian):**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What grade are you entering? \_\_\_\_\_

How did you hear about the CF Health Sciences Summer Camp? \_\_\_\_\_

\_\_\_\_\_

**CAMP PREFERENCE**

**Because of programming duplication, students are only allowed to attend one camp session.**

**June 17-19 (open to Middle and High School Students entering 6th-12th grades)**

Monday: 9 a.m.-4 p.m. (Ocala Campus)

Tuesday: 9 a.m.-4 p.m. (Ocala Campus)

Wednesday: 9 a.m.-noon (Hampton Center)

**July 8-10 (open to Middle and High School Students entering 6th-12th grades)**

Monday: 9 a.m.-4 p.m. (Ocala Campus)

Tuesday: 9 a.m.-4 p.m. (Ocala Campus)

Wednesday: 9 a.m.-noon (Ocala Campus)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YY)

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

\_\_\_\_\_  
Date (MM/DD/YY)

**Please submit the application to [healthsciences@cf.edu](mailto:healthsciences@cf.edu).**

**Office use only.**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_  
MM/DD/YY