

# FLORIDA COLLEGE DRY CREEK CAMP

## Where Good Kids Are Getting Better

All replies to:

[fcdrycreek@gmail.com](mailto:fcdrycreek@gmail.com)

### Falcon Days Trip Information

June 7, 2018

Dear 11<sup>th</sup> and 12<sup>th</sup> Grade Campers and Parents,

We are pleased to announce a wonderful opportunity to visit Florida College to see for yourself if FC is the College for you. There are three dates from which to choose. They are:

October 4-6, 2018 (Thursday to Saturday)

November 8-10, 2018 (Thursday to Saturday) **This is the group trip.**

March 28-30, 2019 (Thursday to Saturday)

**Parents Are Invited Too:** – Yes parents may go too. We are offering a free roundtrip plane ticket to Tampa FL **for one parent** to accompany their student. Of course, both parents are welcome. Parents will need to provide for their lodging and transportation, but Florida College has arranged for a discounted rate with local facilities. Further information will be provided when you register with Florida College.

**November 8-10 Group Trip:** – Dry Creek Camp chaperones will accompany the group to the College. We will fly from Houston Hobby Airport to Tampa roundtrip on Thursday, November 8 and return Saturday, November 10. Upon receiving your final commitment form, we will purchase a non-refundable airline ticket in the camper's name which only they can use. If for any reason the camper does not go, they can use the ticket to visit Florida College at another time during a Florida College academic year. If you do not choose to visit Florida College, the Camp expects reimbursement for the cost of the ticket.

**October/March:** – Purchase your own airline ticket and we will reimburse you after the visit for the airfare and the registration fee.

**Falcon Days Registration:** - These FC Dry Creek Camp sponsored trips are designed for prospective students and their parents who are seriously considering attending Florida College. For the student, we pay all of the expenses which includes airline ticket, registration fee, room and meals. For one parent, we pay the airline ticket. You will be able to not only tour the campus but attend selected classes and special events designed to introduce you to Florida College and answer your questions about enrolling. We only ask that every prospective student and their parents have a sincere interest in exploring enrollment possibilities. For more information and to register, please click on the address below. If you select the November trip, please **do not complete the payment page**. The Camp will pay the fee. For those going in October or March, please complete the payment page. The Camp will reimburse you for your expenses. Here is the link:

<http://www.floridacollege.edu/admissions/falcon-days/>

**Final Commitment:** - Please complete the Final Commitment Form including the **Medical Form (for group trip only)** and return it to us. If you use the fillable form feature (**opened in Adobe Reader not your browser**), it is best to (1) save the form on your computer (2) complete the form and re-save it on your computer (3) Attach your completed form to a return email. [FCDryCreek@gmail.com](mailto:FCDryCreek@gmail.com)

Under His care and grace,



John M. Kilgore  
Director

More Camp information than you probably want to know at: [www.FCDrycreek.com](http://www.FCDrycreek.com)

# Florida College Dry Creek Camp Falcon Days Trip Commitment Form

**Who Gets to Go?** 2018-2019 High School Juniors and Seniors

**Dates:** Check the one date you want.

- \_\_\_\_\_ October 4-6, 2018 (Thursday to Saturday)
- \_\_\_\_\_ November 8-10, 2018 (Thursday to Saturday) **This is the group trip.**
- \_\_\_\_\_ March 28-30, 2019 (Thursday to Saturday)

**Deadline to Commit for Group Trip:** **October 1, 2018**

**Please select:**

\_\_\_\_\_ **I am making a firm and final commitment to go.**

- **November Group Trip** - A non-refundable airline ticket will be purchased in your name and no one else can use it. If for any reason you do not go, you may use the ticket to visit Florida College at another time within the current Florida College academic year. If you do not choose to visit Florida College within the current academic year, the Camp expects reimbursement for the cost of the ticket.
- **October/March** - Purchase your own airline ticket and we will reimburse you after the visit.

**PLEASE TYPE OR PRINT CLEARLY**

**Student Information:**

**Name:** *Your name as it appears on the government/school –issued photo ID with which you are traveling (first, middle, last) whatever your ID says. This is for the TSA. Your airline ticket and ID must agree.*

**Cell Phone:** *The cell phone you will have on the trip if any.*

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Grade: \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

**Family Information:**

Father: \_\_\_\_\_ Flying too? Check here!

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Flying too? Check here!

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**Mail or Email or Fax this Form with the Completed and Signed Medical Form to:**

Florida College Camp  
P.O. Box 333  
Alief, Texas 77411-0333  
[FCDryCreek@gmail.com](mailto:FCDryCreek@gmail.com)  
Fax: 866-395-2786

Florida College Falcon Days  
**Medical Form (For Group Trip Only)**  
**Sign and Send with the Commitment Form**  
**Make a copy for your records.**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Student's SS# \_\_\_\_\_ (for medical purposes only) Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_  
(If different from above) Street City State Zip

How to reach Parent/Guardian during trip? Mom's Phone \_\_\_\_\_ Dad's Phone \_\_\_\_\_

**Name of an emergency contact who may be contacted in case you cannot be reached:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE:**

Is this camper covered by family medical/hospital insurance? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, attach copy of insurance card.**

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

**GENERAL HEALTH AND MEDICAL HISTORY:**

1. Specify any chronic or long-term illness: \_\_\_\_\_  
 \_\_\_\_\_
2. Specify any operations or serious injuries: \_\_\_\_\_
3. Had these diseases? Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Other: \_\_\_\_\_
4. **Allergies?** Drugs \_\_\_\_\_ Food \_\_\_\_\_  
 Animals \_\_\_\_\_ Plants \_\_\_\_\_ Other \_\_\_\_\_  
 Explain reaction and indicate medication used. \_\_\_\_\_
5. Select any of the following: Sleepwalking \_\_\_\_\_ Other sleep disturbances \_\_\_\_\_ Nightmares \_\_\_\_\_ Fainting \_\_\_\_\_ Asthma \_\_\_\_\_  
 Seizures \_\_\_\_\_ Stomach upsets \_\_\_\_\_ Constipation \_\_\_\_\_ Emotional/Family problems \_\_\_\_\_ Phobias \_\_\_\_\_ Attention Deficit \_\_\_\_\_  
 Give details: \_\_\_\_\_
6. Immunizations Up-To-Date? DPT \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Other \_\_\_\_\_
7. **Restrictions:** Any activity restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, specify: \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION:** Is he/she bringing medication(s)? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, complete Medication Schedule, next page.**

**BE SURE TO SIGN BELOW:**

This health history is correct and complete. Unless otherwise stated and noted in this document, the person named in this application has permission to engage in all College activities. I hereby give permission to the College to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. Further, I understand that this Medical Form will go with my child to any medical facility and be available to all attending personnel. I also agree that digitally entering my name is a valid and legal signature.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ (Select One)

Printed Name \_\_\_\_\_

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

## Medication Schedule

| #1<br>Name of Medication/Treatment | #2<br>Name of Condition | #3<br>Dosage | #4<br>Times<br>(Select all that apply) | #5<br>Frequency<br>of med. or treatment<br>(Select One)       | #6<br>Comments/As Needed Information |
|------------------------------------|-------------------------|--------------|--|---|--------------------------------------|
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |
|                                    |                         |              | B ___ L ___<br>S ___ BT ___            | 1/day ___ 2/day ___<br>3/day ___ 4/day ___<br>As Needed _____ |                                      |

#1 Name of Medication or Treatment: Medication as named on prescription bottle or package.

#2 Condition: Condition for which this medication is given.

#3 Dosage: Strength of each dose as indicated on prescription (ex. 250 mg.)

#4 Times: The time of day the student will take the medication. (B= Breakfast; L= Lunch; S= Supper; BT= Bedtime)

#5 Frequency: The number of doses or treatments per day.

#6 Comments: Any comments for this medication/treatment, especially any explanation or instructions for ***As Needed***.

**Notes for Medical Personnel** (Additional comments can go here and/or on a separate sheet. **Write Student's Full Name on any additional pages.**):