

Please complete this form and return via e-mail (or mail c/o Sara Goguen, 2125 Southend Dr., Suite 452, Charlotte, NC 28203. If you have any questions or concerns, please do not hesitate to contact Sara Goguen at sara@innerpeacetherapysolutions.com

Inner Peace Therapy Solutions - Camp Application

Name of Camp: _____

Child's Name: _____

Nickname/Preferred Name: _____

Address: _____

Child's date of birth: _____ Child's grade for 2013-2014: _____

Parent name: _____

Parent phone number: _____ Email: _____

Parent name: _____

Parent phone number: _____ Email: _____

Primary person to contact: _____

Additional Emergency Contact

Name: _____ Relation: _____

Phone number: _____

Medical Information

Known allergies (including food, environmental, insect, etc): _____

Current daily medication with dosage: _____

Current as needed medication: _____

Additional Medication Information: _____

Allergist: _____

Primary Doctor: _____

Preferred Hospital: _____

Does your child have any special needs (learning, physical, psychological/emotional, etc)? If yes, please explain:

Is your child currently under the care of a counselor, therapist, or psychologist? _____

If yes, please provide the name and contact information for that provider:

Is your child currently under the care of a physician for any condition other than food allergy? _____

If yes, please explain and provide name and contact information:

Waivers and Authorization for Treatment

The health history is complete and accurate and participant has permission to engage in all activities unless otherwise specified in writing. I understand that Inner Peace Therapy Solutions, PLLC, Sara C. Goguen, LCSW & St. Stephen United Methodist Church assume no responsibility for injuries or illness which my child may sustain as a result of his/her participation in camp. I expressly acknowledge that my child has been medically cleared to participate in physical activities. I also understand that there is a risk of injury while participating in physical activities. I agree to hold harmless Inner Peace Therapy Solutions, PLLC, Sara C. Goguen, LCSW & St. Stephen United Methodist Church for accidents or injuries arising out of my child's participation in the G.I.R.L.S. Empowered or Back to School Worry Busters Camp.

*In the event of an emergency I hereby give my permission to Inner Peace Therapy Solutions, PLLC to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Sara C. Goguen, LCSW, Member Manager of Inner Peace Therapy Solutions, PLLC to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity.

Child's Name: _____

Date of Birth: _____

Parent Name: _____

Parent Signature: _____

Date: _____