

# YMCA STORER CAMPS

*The Adventure of a Lifetime*

- Traditional Summer Camp
- The Storer Outdoor School
- Specialty Programs & Group Retreats



6941 Stony Lake Road  
Jackson, Michigan 49201  
(517) 536-8607  
(800) 536-8607  
Fax: (517) 536-4922  
[www.ymcastorercamps.org](http://www.ymcastorercamps.org)

Dear Parents,

Thank you for your interest in the Eco Corps program! This is a great opportunity for teens in grades 9 to 12 to have fun, make friends, and contribute to community service projects for YMCA Storer Camps and our surrounding communities.

The ECO Corps program will cost \$50.00, which can be credited to the members 2013 Summer Camp fees or used towards a siblings/friends summer camp fees. This is a one time fee and will cover all weekends offered in the spring. We will provide FREE BUSING to and from Storer Camps from the Ann Arbor and Toledo areas. Please contact our office for details regarding the free bus schedule.

We have monthly Eco Corps weekends scheduled from January through April 2013. Service projects are committed to providing "Saturdays of Service" to support Michigan and Ohio State Parks. Some of the past service projects have been; The Maumee Valley Habitat for Humanity, Stream Clean ups in Michigan and Ohio, and projects that benefit YMCA Storer Camps. Through these opportunities, students gain work experience, long lasting friendships, and a unique camp experience! Students, who participate in any service project, receive verification of six hours of community service.

We hope your teen is interested in continuing their participation. Please find attached a registration and application form where you may indicate which weekends you wish to attend. Also, please complete the attached Release Form and Health Form. Completed forms may be returned either by mail, email or fax as instructed, and must have two reference forms to be completed. We suggest using scout leaders, YMCA staff members, church and/or youth group leaders, teachers, school counselors or neighbors. As in the past, transportation is provided from Ann Arbor and Toledo areas if needed.

For questions regarding projects, scheduling, busing or accommodations please contact:  
Angela Hayner-Eco Corps Program Director: [ahayner@ymcastorercamps.org](mailto:ahayner@ymcastorercamps.org)

For questions regarding registration, confirmation, or cancellation, please contact:  
Sharon Shirey-Customer Service: [sshirey@ymcastorercamps.org](mailto:sshirey@ymcastorercamps.org)

Sincerely,

Angela Hayner  
Associate Program Director  
(cell) 517-262-3447

# YMCA Storer Camps

## Eco Corp Application

Name: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade in School Fall of 2013 \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_ Home Ph :(\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_ Home Ph :(\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

**A one time fee of \$50.00 is due the first week of attendance. If you attend one weekend the cost is \$50.00 and if you decide to come to all weekends, the cost will still only be \$50.00. This fee can be credited towards future summer camp fees or can be transferred to a siblings/friend summer camp fees. Transportation is still free.**

Payment Type: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp date \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate your weekend(s) preference:  Jan 11-13  Feb 8-10  Mar 1-3  Mar 15-17  
 Apr 12-14,  Apr 26-28, 2013

**Please call by Tuesday prior to a weekend if you need to cancel or wish to add additional dates.**

Please indicate shirt size: Small  Medium  Large  X-Large  XX Large

- YES, I will need transportation to and from Toledo. *(Register early, space is limited.)*  
 YES, I will need transportation to and from Ann Arbor. *(Register early, space is limited.)*  
 My parent/guardian will provide my transportation to and from camp.

### **EcoCorps PARTICIPATION AND TRANSPORTATION CONSENT**

I give my permission for my son/daughter to participate in the EcoCorps Program and to be transported from the designated point of pick up to YMCA Storer Camps and back to the designated point of drop off. This permission includes all other transportation required for functions associated with the EcoCorps program and YMCA Storer Camps. I absolve YMCA Storer Camps and the YMCA/JCC of Greater Toledo and all of its employees of any and all liability arising from this transportation agreement.

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

\_\_\_\_\_  
*Date*

**ECO Corp Application  
Page 2**

**Please list on the following lines the people to whom you gave your reference forms. Please use teachers, supervisors, pastors and others who can give reference to your character. Avoid using friends and relatives. If you are a returning ECO participant, please try to get 2 new references for this year.**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please answer the following questions (Attach a separate sheet if needed):**

1. Why do you want to be a member of Eco Corp?
2. What do you plan on gaining from the Eco Corp program and experience?
3. What are your expectations and goals for your experience through Eco Corp?

I understand that acceptance into the Eco Corp program is dependant upon personal references and review of application. Submission of my application does not guarantee a spot in the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We will contact you after review of references and review of application to let you know if you have been accepted into the program. Thank you for your interest of our Eco Corp program.**

**Angela Hayner, Associate Program Director, YMCA Storer Camps, office: 517-536-8607, cell: 517-262-3447, Fax: 517-536-4922, [ahayner@ymcastorercamps.org](mailto:ahayner@ymcastorercamps.org)**

# YMCA STORER CAMPS

*The Adventure of a Lifetime*

- Traditional Summer Camp
- The Storer Outdoor School
- Specialty Programs & Group Retreats



6941 Stony Lake Road  
Jackson, Michigan 49201  
(517) 536-8607  
(800) 536-8607  
Fax: (517) 536-4922  
www.ymcastorer camps.org

## YMCA Storer Camps EcoCorps Release Form

Participant Name: \_\_\_\_\_

### Participant Pick-Up Consent

We will not release your child to **anyone** other than specific individuals you identify below. Please indicate below the individuals to whom your son or daughter may be released, including yourself. These individuals will be asked to show identification when picking up your child.

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

Relationship To Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship To Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship To Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If at a later date you would like to add or remove people from this list please notify our office in writing.

### January 11-13, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

### February 8-10, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

### March 1-3, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

### March 15-17, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

### April 12-14, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

### April 26-28, 2013

\_\_\_\_\_  
Authorized Individual                      Date/Time of Check Out

# YMCA STORER CAMPS

*The Adventure of a Lifetime*

- Traditional Summer Camp
- The Storer Outdoor School
- Specialty Programs & Group Retreats



6941 Stony Lake Road  
 Jackson, Michigan 49201  
 (517) 536-8607  
 (800) 536-8607  
 Fax: (517) 536-4922  
 www.ymcastorercamps.org

## CONFIDENTIAL REFERENCE FORM FOR STORER ECOCORPS

Your name has been given as a reference by: \_\_\_\_\_  
*Applicant's Name*

The above applicant is applying to become a member of the YMCA Storer Camps' EcoCorps program. They have given your name as a reference. It is important that participants in the program possess leadership skills, work well with others, have a good work ethic, and an excellent attitude.

The task of selecting the right participant is critical to the quality of the experience for other team members, the service projects, as well as the quality of our program. Your statements are confidential, so sincerity is appreciated and essential. Thank you for contributing to the success of our program. Please call (number above) if you have any questions/concerns regarding the applicant's reference. Thank you

*Please comment on the following:*

**1. In what relationship and for how long have you known the applicant?**

\_\_\_\_\_  
 \_\_\_\_\_

**2. What leadership qualities has the applicant demonstrated during the time you have known them? Please explain:**

\_\_\_\_\_  
 \_\_\_\_\_

**3. Please circle the appropriate number:**

	Poor	Fair	Good	Excellent
A. Personal Appearance	1	2	3	4
B. Attitude	1	2	3	4
C. Work Habits	1	2	3	4
D. Relationships with co-workers or peers	1	2	3	4
E. Ability to learn new skills	1	2	3	4
F. Honesty/Dependability	1	2	3	4

**4. Under each general heading, please check the phrase, which most accurately describes the applicant's behavior with regard to the specific trait.**

*Ability to work with others for the good of the group:*

- \_\_\_\_\_ Gives limited cooperation, neglects common good for own interest  
 \_\_\_\_\_ Cooperates fully and actively regardless of self benefit  
 \_\_\_\_\_ Exceptionally successful in working with others

*Ability to control emotions:*

- \_\_\_\_\_ Easily irritated, depressed or elated  
 \_\_\_\_\_ Tends to be unresponsive  
 \_\_\_\_\_ Well balanced, in control

*Ability to carry out or adhere to policies:*

- \_\_\_\_\_ Fails to carry out company policies  
 \_\_\_\_\_ Acts according to company policies under normal circumstances  
 \_\_\_\_\_ Carries out company policies constantly even in the face of obstacles

*Ability to work with a supervisor:*

- \_\_\_\_\_ Resents authority, makes little or not attempt to communicate with supervisor  
 \_\_\_\_\_ Displays some difficulty with authority at times, refuses to follow directions when not in an agreement with rule or policy  
 \_\_\_\_\_ Communicates with supervisor, works well with authority

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Title*

Phone: (\_\_\_\_) \_\_\_\_\_

Please select the best time to Contact:  Day  Evening

Please fax completed form to: **Angela Hayner, YMCA Storer Camps** (517)-536-4922, or email to ahayner@ymcastorercamps or mail to address listed above.

- Traditional Summer Camp
- The Storer Outdoor School
- Specialty Programs & Group Retreats



## EcoCorps Leadership Development Program ~ Mutual Pledge of Responsibility

EcoCorps is a specialized training program to prepare teens to become leaders of their communities. All staff and members are expected to participate fully, be ready to lead, and honor this pledge. This is a program set with high expectations for success and mutual respect for the environment, camp and one's own self.

- Safety – EcoCorps participants will not be alone with staff or each other where they cannot be observed by others.
- Members of EcoCorps programs will be supervised at all times. EcoCorps members must inform a staff member where they are at all times and are not to be in cabins or vehicles without staff present.
- EcoCorps members shall not be abused or abuse others including:
  - physical abuse – strike, spank, shake, slap;
  - verbal abuse – humiliate, degrade, threaten;
  - sexual abuse – inappropriate touch or verbal exchange;
  - mental abuse – shaming, withholding love, cruelty;
  - neglect – withholding food, water, basic care, etc.
- EcoCorps members are ambassadors to our communities. All will appear clean, neat, and appropriately attired. Tattoos and piercings are discouraged. The EcoCorps program may ask to have any tattoos covered or jewelry removed while participating in the program.
- Using, possessing, or being under the influence of alcohol, tobacco, or illegal drugs while participating in the EcoCorps Program is prohibited.
- Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment is prohibited.
- EcoCorps members and leaders will maintain an attitude of respect, loyalty, patience, courtesy, tact, and maturity and promote the core values of caring, honesty, respect, responsibility.
- EcoCorps members shall be respectful of property and equipment, and be mature enough to take responsibility for their personal belongings and space.
- Possession of guns, firearms, knives and other weapons is strictly prohibited.
- EcoCorps members will not bring or have the following while participating in the program:
 

*Cell Phones or other Similar Devices	*Electronic Games/Computers
*Extra Food/Snacks	*Radios/iPods/MP3 Players
*Hair Dryer	*Chewing Gum/Candy

EcoCorps members will participate in all aspects of Leadership Training, complete any assignments given to them by their Storer staff member or EcoTeam Leader, and keep open communication about any concerns or problems with their supervising staff.

I will comply with these EcoCorps member expectations. I understand that I can be expelled from the EcoCorps Leadership Development Program if I violate this pledge.

EcoCorps Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Angela Hayner \_\_\_\_\_ Date \_\_\_\_\_  
*Associate Program Director*

# YMCA Storer Camps ~ Eco Corp Health Form

## Personal History

Camper's Last Name (Printed)			Camper's First Name (Printed)		M.I.
Street Address			Date of Birth (Month, Day, Year)		Age
			School		
City	State	Zip	Height	Weight	

## Emergency Contact Information

Father/Guardian Name	Father/Guardian Home Phone	Father/Guardian Work Phone	Father/Guardian Cell
Mother/Guardian Name	Mother/Guardian Home Phone	Mother/Guardian Work Phone	Mother/Guardian Cell
Emergency Contact Name	Emergency Contact Phone	Relationship to Child	Emergency Contact Cell

## Medication Information

***Please list any additional medications on a separate sheet and attach to your health form.***

*"Medication" is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies.*

- This camper will not take any daily medication while attending YMCA Storer Camps.
- This camper will take the following daily medication(s) while attending YMCA Storer Camps. Bring enough of each medication to last their entire stay. ALL medications must arrive in appropriately labeled pharmacy containers as described in the "Health Services Parent Information".

NAME OF MEDICATION	REASON FOR TAKING IT	WHEN GIVEN AND DOSAGE	DATE STARTED
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

The following medications are stocked in our Health Centers and are used to manage illness and injury as directed by our medical protocols. **Cross out those your camper should NOT be given.**

- |                                 |                                  |  |
|---------------------------------|----------------------------------|--|
| Acetaminophen (Tylenol)         | Diphenhydramine (Benadryl)       | Chloraseptic Spray (Sore throat spray) |
| Ibuprofen (Advil, Motrin)       | Docusate Sodium (Stool Softener) | Tums                                   |
| Pseudoephedrine (Sudafed)       | Loperamide HCL (Anti-Diarrhea)   | Cough Drops                            |
| Guaifenesin DM (Cough Medicine) | Silver Sulfadiazine              | Calagel                                |
| Technu Extreme (Poison Ivy)     | Hydrocortisone Cream             |  |

## Insurance Information

***Please include a copy of your insurance card.***

YMCA Storer Camps' does NOT carry health/accident insurance for campers, schools, and conference camping participants.

Primary Policy Holder	Insurance Company	Policy Number	Relationship to Child
Secondary Insurance Holder	Insurance Company	Policy Number	Relationship to Child
Physician's Name	Physician's Phone Number	Date of Last Visit	

## Health History

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current.

Immunization	Date: Month(s) & Year(s)	Immunization	Date: Month(s) & Year(s)
Tetanus Booster ★	Within 10 years:	Polio ★	
Varicella (Chicken Pox)		MMR (Measles, Mumps, Rubella) ★	
Meningitis		Pneumococcal	
Pertussis Booster (Whooping Cough)		DPT (Diphtheria, Tetanus, Pertussis) ★	
Hepatitis B		Hepatitis A	
Influenza			

**Allergies:** Check those that apply to your camper.

- This camper has no known allergies.
- This camper is allergic to this food(s). \_\_\_\_\_  
 \_\_\_\_\_  
 Causes anaphylaxis?  Yes★  No  
 Describe the reaction to this food and what is done to manage it: \_\_\_\_\_  
 \_\_\_\_\_
- This camper is allergic to this medication: \_\_\_\_\_  
 Causes anaphylaxis?  Yes★  No  
 Describe the reaction and how it is managed: \_\_\_\_\_  
 \_\_\_\_\_
- This camper is allergic to the following: \_\_\_\_\_  
 Causes anaphylaxis?  Yes★  No  
 Describe the reaction and what is done to manage it: \_\_\_\_\_  
 \_\_\_\_\_

**Nutrition:**

Our kitchen prepares well-balanced meals. We can work with some medically prescribed diets but do not cater to individual food preferences.

- This camper eats a regular diet.
- This camper is the following type of vegetarian.
- Semi-vegetarian (no pork or beef)
  - Pesco (no pork, beef or chicken)
  - Lacto-ovo (no pork, beef, chicken, seafood or fish)
  - Vegan (no meats, seafood, eggs or dairy)
- This camper does not eat pork because of faith reasons.
- This camper is lactose-intolerant. Note: our expectation is that the camper self-manages using products such as Lactaid.

*Please call us if you have questions pertaining to your camper's dietary needs.*

**Chronic Health Concerns:** Check those that pertain to your camper and describe how it is handled at home.

- This camper has no chronic health concerns and is capable of full participation in the OEE program.
- This camper has the following chronic health concern(s):
- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Asthma ★     | <input type="checkbox"/> Bedwetting              | <input type="checkbox"/> Seizure Disorder                |
| <input type="checkbox"/> Headaches    | <input type="checkbox"/> Menstrual Cramps        | <input type="checkbox"/> Frequent Colds                  |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Surgical History of Consequence |
| <input type="checkbox"/> Diabetes ★   | <input type="checkbox"/> Fainting                | <input type="checkbox"/> Other                           |

Information about items above (attach additional information if needed): \_\_\_\_\_  
 \_\_\_\_\_

**★Asthma, Diabetes or Anaphylaxis**

*Please complete the additional "Request for Information" forms and attach to this Health Form. Forms can be downloaded from our website.*



**Chronic Health Concerns:** Check "True" or "False" for each statement.

- 1. This camper has had chicken pox or has received the varicella immunization .....  True  False
- 2. This camper has not had mononucleosis ("mono") during the past year .....  True  False
- 3. This camper's hearing is within normal ranges .....  True  False
- 4. This camper's sight is within normal ranges or s/he uses corrective lenses to remedy vision .....  True  False
- 5. This camper typically sleeps without snoring, sleep talking or making other noises .....  True  False
- 6. This camper is free from illness, injury or physical challenges that would affect participation .....  True  False
- 7. For girls: this camper knows about menstruation and/or has a normal menstrual history .....  True  False
- 8. This camper has been in countries outside the United States in the past 9 months .....  True  False  
If "True", list the countries and the length of time spent in each.

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: \_\_\_\_\_

Dates: \_\_\_\_\_

**Mental, Emotional and Social Health:** Check "Yes" or "No" for each statement.

- 1. This camper has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD .....  Yes  No
- 2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder .....  Yes  No
- 3. This camper has an emotional health concern (specify) .....  Yes  No
- 4. This camper has seen or is currently seeing a professional to address mental/emotional concerns .....  Yes  No
- 5. This camper has had a significant life event that continues to affect the camper's life .....  Yes  No  
If "Yes", please provide information about the event - death of a loved one,  
family change, adoption, new sibling, survived a disaster - its impact upon your  
camper's life, and care tips for their time at camp.

-----  
-----

**When We Need To Talk With You:** We will certainly call in an emergency, but we'll also call if we have questions about your camper's health. If we cannot reach you or your emergency contact at the numbers listed, please provide contact information for other people who know your camper and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**What Have We Forgotten to Ask?** Provide additional information about your child's health that may have been neglected on these forms. We are particularly interested in information that has an impact upon your child's ability to fully participate in our program.

-----  
-----  
-----  
-----  
-----  
-----

## Parent/Guardian Authorization

The information contained in this form is correct, as far as I know, and the child herein described has permission to engage in all camp activities except as noted. I understand that health/accident insurance coverage is the responsibility of the parent/guardian. I hereby give permission to YMCA Storer Camps to secure emergency medical, routine medical, surgical treatment, and non-surgical care for the child named on this form, while at camp. I also understand that the parent/guardian is fully responsible for the camper's transportation if he/she is dismissed for disciplinary, behavior or medical reasons. I absolve the YMCA of Greater Toledo/Storer Camps and all of its employees of any and all liability, financial and/or otherwise arising from administration of medication to my child under the terms of this release. YMCA Storer Camps is not responsible for payment of any medical expenses incurred during participation at camp.

In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless the YMCA of Greater Toledo, its officers, employees and representatives from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including out of camp trips by van or bus, hiking or horseback riding. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs, slides or video tapes of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability and Authorization for Treatment of the YMCA is binding on me personally and on my heirs, personal representatives, successors and assigns.

**Limited Purpose Power of Attorney: Consent to Treatment of Minor (Must be signed by parents or legal guardians)**

By signature(s) below, the undersigned appoints YMCA Storer Camps, to act alone, or delegate to another person, the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of (child's name) \_\_\_\_\_ determined to be necessary or desirable by our child's attending physician at the hospital.

This Power of Attorney shall continue through the participant's stay at camp, or until revoked by the undersigned, whichever is earlier. Physicians or the hospital's medical staff may assume and rely on this authorization being current and in effect during such period unless notified otherwise.

The undersigned certify that they read this Power of Attorney (or had it read to them), that they understand this Power of Attorney, and sign it voluntarily.

**Note:** If this form is being signed for a child or minor participant at the camp, it must be signed by both parents or legal guardians unless one is deceased, mentally incompetent, or has had parental rights terminated, or there has been a divorce, or parents are unmarried, the parent having physical custody of the child should sign. (The signing parent should understand the indemnification clause above defending YMCA Storer Camps against claims by other parties on behalf of the child.) If neither parent has parental rights, or both are deceased, this form must be signed by the legal guardian of the child. This agreement will be enforced in accordance with the law of the State of Michigan.

If there are not two parent signatures below, please indicate the reason why by checking the appropriate box.

- Missing parent is deceased.
- Missing parent mentally incompetent or has had parental rights terminated.
- Parents are divorced or unmarried and signing parent has physical custody of the child.
- Both parents are deceased and a legal Guardian is responsible for the child.
- Parental rights have been terminated and a legal Guardian is responsible for the child.

Father's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \* Health Office Use Only \*

Date	Time	CHO	Notes