



Brewer High School

Forestry Immersion Summer Program

June 23, 2024 to August 1, 2024

(Application due by May 24, 2024)



NAME		D.O.B.		AGE	
NAME OF HIGH SCHOOL CURRENTLY ATTENDING					
STUDENT # (HOME)		STUDENT # (CELL)			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PARENT / GUARDIAN NAME			PHONE #		
EMERGENCY CONTACT NAME			PHONE #		
STUDENT EMAIL			PARENT EMAIL		
<p>-PLEASE BE ADVISED-</p> <ul style="list-style-type: none">❖ <i>Medical and Issue of Warning forms are included and must be completed and submitted with application.</i>❖ <i>Equipment list will be provided upon acceptance of admission to the summer program.</i>					
PARENT / GUARDIAN SIGNATURE:					
DATE					
Student Signature					

Medical Form

Name _____ ID # _____

Address _____

Phone # _____ Age _____ Height _____ Weight _____

Person to be notified in case of emergency _____

Address _____

Phone # (Day) _____ (Night) _____

Medical Information & History

Physician _____ Phone # _____

List any medications to which you are allergic:

List any other allergies (food, plants, insects, etc.):

Nature of reactions _____

Name any illness or condition for which you are under treatment:

What, if any, medications do you carry and for what:

If you have had any of the following please state year of occurrence:

Hernia _____ Fractures _____ Dislocations _____ Sprain/Strain _____

List any physical/medical disabilities that we should be aware of:

Hospitalization(s)

Date	Hospital	Nature of hospitalization
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_____	_____	_____
_____	_____	_____