

**National Center for Health Statistics  
Data Detectives In-Person Summer Camp  
Camper Information Form  
(For Parents of Accepted Students)**

**From the Office of Management and Budget (OMB No. 0920-1185, Expiration Date: 03/31/2026):**

**NOTICE** - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-1185).

**Assurance of Confidentiality** - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Camper name \_\_\_\_\_

Parent / Guardian 1 and 2 information

Name of person who will be picking student from camp daily

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

Optional: Name of second person who will be picking student from camp

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

Alternative Contacts

In the event of an emergency, I authorize the following individuals to pick up my child from the program.

_____	_____
Name / Relationship	Phone Number
_____	_____
Name / Relationship	Phone Number

Please provide any additional information about your child that we should know during his / her attendance at the camp. Include any special needs, important medical history / behavior and / or accommodations needed):\_

---



---



---



---



---

Photography Release

I grant permission for CDC staff to take pictures or video of my child to be used for marketing purposes without compensation or time limitations.

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

Acceptable Behavior Policy

It is important that all campers receive a positive and rewarding experience while attending our program. In order to ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language. ANY behavior deemed to be detrimental to or in violation of camp standards will be dealt with by the staff. Unacceptable behavioral instances include, but are not limited to: any form of intended harm to another camper or staff member, bullying or any form of aggression.

I have read and will abide by the camp rules. I understand that camp staff have the right to remove any person from the program that does not abide by these rules.

---

Parent / Guardian Signature

---

Camp Participant Signature