

CATHOLIC COMMUNITY OF ST. FRANCIS XAVIER

2019 Medical Permission Form and Release

Adult Name: _____ Home Phone # _____

Work Phone # _____

Who to call in an emergency _____

Best number to reach this person during the day: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Male _____ Female

In full understanding of the wholesome recreational and learning experience that it is, I do hereby agree to participate in the **Summer Camp Program** of the Catholic Community of St. Francis Xavier, at the O'Dwyer Retreat House from **Monday, August 19th through Friday, August 23th, 2019.**

I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Catholic Community of St. Francis Xavier, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants, employees and volunteers from any liability, claims demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with my participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for me in the event that I cannot give permission myself.
(Check one of the following)

_____ I am covered by hospitalization and medical insurance under policy # _____ Issued by _____.

_____ I do not have medical coverage and assume responsibility for the cost of my hospitalization and medical care. _____ (Please initial)

Please turn over and complete other side

If none of the following applies, please write **NONE** or **NONE KNOW** in the blank spaces.

ADD any other medical information concerning medication, allergies, illness, etc. **

ADD any dietary restrictions: ** _____

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Catholic Community of St. Francis Xavier or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Adults who do not wish to be photographed or filmed should so notify the Parish in writing.

Date

Signature

Information provided on this form will be used solely to benefit your camp experience. Forms will be destroyed at the end of each camp session.