

CATHOLIC COMMUNITY OF ST. FRANCIS XAVIER

2019 Medical Permission Form and Release

Parent Name: _____

Home Phone # _____ Work Phone # _____

Cell or other number where Parent can be reached: _____

Please indicate best number to reach you during camp day.

Address _____ City/State/Zip _____

Child's Name: _____ Birthdate: _____ Grade: _____

Child's Name: _____ Birthdate: _____ Grade: _____

Child's Name: _____ Birthdate: _____ Grade: _____

Child's Name: _____ Birthdate: _____ Grade: _____

Child's Name: _____ Birthdate: _____ Grade: _____

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter 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.

In consideration of the opportunity for my son/daughter to participate in this Program, 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 or arising out of my son/daughter's 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 my son/daughter in the event that I cannot be reached.

(Check one of the following)

_____ My child is covered by hospitalization and medical insurance under policy # _____ Issued by _____.

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

Please turn over and complete other side

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Circle all that apply)

Tylenol Benadryl Triple Antibiotic Ointment Pepto Bismol

Is parent working at Camp? Yes No

If none of the following applies to your child, please write **NONE** or **NONE KNOWN** in the blank spaces.

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

** Please provide any dietary restrictions:

****If your child is on medication for ADHD or other attention difficulty, please see that he or she receives this before coming to camp.****

Parents/guardians of 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.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Parish in writing.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

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