ST. JOSEPH SUMMER BIBLE CAMP 2011 HEALTH & EMERGENCY CARE INFORMATION

(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK)

____
Student's Last Name **First Name** **Nick Name** **Middle Initial**

____(______)______________
Father's/Guardian's Name **Mother's/Guardian's Name** **(Area Code) Home Phone**

_____________________________/____/______________________________
Grade **Birthdate** **Age**

____
Home Street Address **City** **Zip Code**

________________________(______)______________(______)________________(_____)__________
Mother's Employer **(Area Code) Phone** **Mother's Car/Cell Phone** **Mother's Pager #**

________________________(______)______________(______)________________(_____)__________
Father's Employer **(Area Code) Phone** **Father's Car/Cell Phone** **Father's Pager #**

______________________________________ ________(_____)____________________________
Child's Doctor (First and Last Name) **(Area Code) Phone**

____(_____)____________________________
Child's Dentist (First and Last Name) **(Area Code) Phone**

IF MY CHILD BECOMES ILL AND PARENTS ARE NOT AVAILABLE, CONTACT:

1. ____
First & Last Name **Relationship** **(Area Code) Phone**

2. ____
First & Last Name **Relationship** **(Area Code) Phone**

DOES YOUR CHILD HAVE ANY ALLERGIES? If so, please explain what allergy is and give special instructions for care

		SPECIFY ALLERGY(IES)	WHAT IS REACTION?	WHAT CARE/MED(S)?
______	Animals			
______	Environmental/Seasonal			
______	Foods			
______	Hay Fever/plants/pollen			
______	Medicines			
______	Stings			
______	Other			

IS YOUR CHILD RECEIVING MEDICATION? If so, please list medicine name, dosage, how often taken and what medicine is taken for:

MEDICINE NAME	DOSAGE	HOW OFTEN	FOR WHAT

PLEASE COMPLETE REVERSE SIDE AND SIGN!

DO ANY OF THE FOLLOWING CONDITIONS APPLY, CURRENT OR PAST? If so, please explain and give special medications/instructions for care.

_____ **Assistive Devices** ______________________________
(Glasses, contacts, braces, appliances, ear tubes, hearing aids, pace maker, shunt, insulin pump, etc.)

_____ **Asthma** ____________________ **Bleeding Disorder** ____________________

_____ **Bone & Joint Condition** ____________________ **Cancer** ____________________

_____ **Congenital Condition** ____________________ **Diabetes** ____________________

_____ **Ear Infections** ____________________ **(Recurrent) Epilepsy/Seizures** ____________________

_____ **Headaches/Migraines** ____________________ **Heart Defect/Disease** ____________________

_____ **Hernia (Current or past)** ____________________ **High Blood Pressure** ____________________

_____ **Kidney Disease** ____________________ **Low Blood Pressure** ____________________

_____ **Muscular Disorder** ____________________ **Recent Fracture/Injury** ____________________

_____ **Recent Surgery** ____________________ **Tracheotomy** ____________________

_____**Other (Specify)** ______________________________

PARENTS, PLEASE READ, SIGN AND DATE BELOW:

I hereby authorize:

1. **A representative of St. Joseph's Summer Bible Camp to call the emergency contacts, Physician or Dentist named on reverse side if any emergency exists.**
2. **A representative of St. Joseph's Summer Bible Camp to call Emergency Medical Technicians if an emergency dictates.**
3. **Permission for transporting my child to an emergency facility for emergency care.**
4. **Release of all information to necessary St. Joseph's Summer Bible Camp Representatives or Emergency Medical Technicians.**

______________________________ ____________________
Parent/Guardian Signature **Date**

PHOTO RELEASE

I,_________________, consent to the use by St. Joseph's Parish any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials may be used for promotion of the CFM programs. Such promotional activities extend to recruitment, fund raising, advocacy, etc. I release the staff, volunteers, etc. of St. Joseph Parish from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Date ___/___/___

Signature of Parent/guardian______________________________