

**PLEASE FILL OUT ONE PER CHILD**

# St. John Eudes Children's Ministry

Summer Day Camp

## Medical Release & Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

### Family Information

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home #: \_\_\_\_\_  
Or Guardian

Father's Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home #: \_\_\_\_\_  
Or Guardian

Mother's Work #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

### Camper Information

Are there any medical conditions we should be made aware of?  
\_\_\_\_\_

Are there any medications currently being taken?  
\_\_\_\_\_

Are there any allergies (food, environmental, medicines, etc.)?  
\_\_\_\_\_

### Health Insurance Information

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

I understand that the parish, its programs, and agents do not assume responsibility for payment of physician or dentist. However, in a medical/disaster emergency, the Summer Day Camp may choose a physician. In such an emergency, I give the Summer Day Camp permission to have my child receive medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**St. John Eudes Children's Ministry**  
*Summer Day Camp*  
**Emergency & Earthquake Information**

**OFFICE USE ONLY**

WEEKS:  1  2  3  4  5 GROUP \_\_\_\_\_ COUNSELOR \_\_\_\_\_

In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to you or those adults you list below.

CAMPER'S NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

**\*\*\*FOR OFFICE USE\*\*\***

CHILDREN PICKED UP?

YES  NO

DATE \_\_\_\_\_ TIME \_\_\_\_\_

BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CHILDREN PICKED UP?

YES  NO

DATE \_\_\_\_\_ TIME \_\_\_\_\_

BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PICKED UP BY PARENTS?

YES  NO

**Special Note to Parent/Guardian: Please complete a separate form for each child in our Summer Day Camp. Be sure to notify us of any Emergency Information changes.**

**PLEASE SEE OTHER SIDE**