

Required for all Lady of Fatima Summer Programs
2014 Emergency Contact and Health Form

Student's Name: _____ Birth Date: _____ Grade (fall of 2014): _____
Address: _____ City: _____ Zip: _____ Phone: _____
Mother's Name: _____ Work Phone: _____ Cell Phone: _____ Email: _____
Father's Name: _____ Work Phone: _____ Cell Phone: _____ Email: _____
Emergency Phone Numbers: Name/ Relationship: _____ Cell: _____ Home: _____
Emergency Phone Numbers: Name/ Relationship: _____ Cell: _____ Home: _____

Important Health Information: Please list any known allergies or health conditions:

Please list any prescription medications to be given during the summer camp. The Director will be contacting you with the appropriate release forms prior to camp beginning.

Name of Medication: _____ Dosage: _____ Time Given: _____
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***If your child may need any of the following nonprescription medications below please supply them to the Camp Counselor in a sealed clear plastic bag with the campers name clearly marked on the bag and any additional instructions you may have for administering the medication.*

(Please note: Antibiotic ointment is applied to all wounds unless written request not to is on file.)

_____ Tums (upset stomach) _____ Acetaminophen _____ Ibuprofen _____ Benadryl

_____ (parent initials) I hereby give my permission for the OLF Summer Camp Counselor to administer the medications checked above to my child (name) _____

Parent/Guardian Authorization:

Parents will be given a grace period of 10 minutes to pick up their students following the 4:00 Pick up time. A flat fee of \$25 will be assessed after the first 10 minutes. Any student not picked up after 4:30 will be assessed and additional fee of \$1.00 per minute.

The student has my permission to participate in all summer program activities, including field trips and physical activities. _____

The student has permission to have their photo taken. _____

I hereby give permission to the personnel at OLF School to provide routine first aid and seek emergency treatment, including ordering x-rays and tests. I agree to the release of any records necessary for emergency and/or insurance purposes. I give permission for the school to arrange necessary related transportation for my child. _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school to secure and administer treatment, including hospitalization, for the person named above.

SIGNATURE REQUIRED:

We understand there are risks associated with school activities, and behalf of the above-named student, we expressly assume all such risks. Furthermore, we hereby unconditionally, irrevocably, and absolutely release and discharge Our Lady Of Fatima Parish School and each of its members, officers, directors, employees, agents, successors and assigns from any and all loss, liability, damages, or claims arising out of or in any way connected with the students participation in school activities, unless such claims result in the willful misconduct or gross negligence on the part of the school.

Student Name: _____ Grade: (Fall of 2014): _____ Phone: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian Signature: _____ Print Name: _____ Date: _____