

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 Catholic Kidz Camp to call the emergency contacts, Physician or Dentist named on reverse side if any emergency exists.
2. A representative of St. Joseph's Catholic Kidz 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 Catholic Kidz 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 _____