## ST. JOSEPH CATHOLIC KIDZ CAMP 2017 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			Name	(Area Code) Home Phone		
Grade	// Birthdate			Age			
Home Street Address					City	Zip Code	
Mother's Employer	(Area C	) ode) Phon	e Mo	) other's Car/Cell F	(Phone M	) other's Pager #	
Father's Employer	(Area Co	) ode) Phon	e Fa	) ther's Car/Cell P	hone Fa	) ather's Pager #	
Child's Doctor (First and Last	Name)			(Area Code) Ph	none		
Child's Dentist (First and Last	Name)			(Area Code) Ph	none		
IF MY CHILD BECOMES ILL A	ND PARENTS A	RE NOT A	/AILABLE,	CONTACT:			
1. First & Last Name				Relationship	(1	Area Code) Phone	
2. First & Last Name				Relationship	( <i>A</i>	Area Code) Phone	
DOES YOUR CHILD HAVE AN for care	Y ALLERGIES?	If so, pleas	se explain v	what allergy is a	nd give spec	ial instructions	
	SPECIFY ALLERGY(IES)		WHAT IS REACTION?		WHA	WHAT CARE/MED(S)?	
Animals Environmental/Seasonal Foods							
Hay Fever/plants/pollen Medicines							
Stings							
Other							
IS YOUR CHILD RECEIVING M medicine is taken for:	IEDICATION? If	so, please	list medici	ine name, dosag	e, how often	taken and what	
MEDICINE NAME	DOSAGE HOW C		OFTEN FOR		WHAT		

PLEASE COMPLETE REVERSE SIDE AND SIGN!

medications/instructions for care.			
Assistive Devices			
(Glasses, contacts, braces, appliance	es, ear tubes, hearing aids, pace maker, shunt, insulin pump, etc.)		
Asthma	Bleeding Disorder Cancer Diabetes		
Bone & Joint Condition			
Congenital Condition			
Ear Infections	(Recurrent) Epilepsy/Seizures		
Headaches/Migraines	Heart Defect/Disease High Blood Pressure Low Blood Pressure Recent Fracture/Injury Tracheotomy		
Hernia (Current or past)			
Kidney Disease			
Muscular Disorder			
Recent Surgery			
Other (Specify)			
contacts, Physician or D 2. A representative of St. J Technicians if an emerge 3. Permission for transport 4. Release of all information	oseph's Catholic Kidz Camp to call the emergency Pentist named on reverse side if any emergency exists. oseph's Catholic Kidz Camp to call Emergency Medical ency dictates. ting my child to an emergency facility for emergency care. In to necessary St. Joseph's Catholic Kidz Camp rgency Medical Technicians.		
Parent/Guardian Signature	Date		
PHOTO RELEASE			
I, , consent to	the use by St. Joseph's Parish any videotape,		
photograph, slide, audiotape, or a my child may appear. I understan the CFM programs. Such promot advocacy, etc. I release the staff, v	any other visual or audio reproduction in which I or and that these materials may be used for promotion of tional activities extend to recruitment, fund raising, volunteers, etc. of St. Joseph Parish from any liability my child's picture or voice recording as part of any of		
Date//			
Signature of Parent/guardian			

DO ANY OF THE FOLLOWING CONDITIONS APPLY, CURRENT OR PAST? If so, please explain and give special