

# Camper Information/Emergency Form

## Camper #1 Information

Name: \_\_\_\_\_

Special Medical Conditions/Allergies:

\_\_\_\_\_  
\_\_\_\_\_

## Camper #2 Information

Name: \_\_\_\_\_

Special Medical Conditions/Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Doctor for Emergency: \_\_\_\_\_ Ph# \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is possible to contact this physician, the representative of the parish catechetical program may make whatever arrangements deem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_