

Parish of the Precious Blood

Vacation Bible Camp 2026 - Medical Information Form

Participants Name:

\_\_\_\_\_ Age \_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_ Phone \_\_\_\_\_

*Please print:*

I, \_\_\_\_\_, the undersigned, give my permission to have my son/daughter transported by ambulance to a medical facility in the event of illness, injury, or other medical emergency. I also agree that s/he may, if needed, be evaluated, diagnosed, treated, and or medicated in accordance with the standard medical practice by licensed medical personnel. I relieve Parish of the Precious Blood of all responsibility and consequences that may arise as a result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

You should be aware of the following medical conditions of my son or daughter:

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

My son or daughter is allergic to: \_\_\_\_\_

My son or daughter must take the following medication: (dosage and frequency)

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Carrier: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of parent ( ) or legal guardian ( ):

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