

ST. PATRICK YOUTH COMMUNITY BASKETBALL CAMP HEALTH FORM

Child's Name: _____ Weeks: _____
D.O.B.: _____ Age: _____ School: _____ Ht: _____ Wt: _____
Father's Name: _____ Mother's Name: _____
Street: _____ Street: _____
City: _____ State: ____ Zip: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email Address: _____ Email Address: _____

EMERGENCY CONTACT (other than yourself)

Name: _____ Relationship: _____ Home # _____ Cell # _____
Name: _____ Relationship: _____ Home # _____ Cell # _____
Name: _____ Relationship: _____ Home # _____ Cell # _____

Your child will not be released to anyone other than the parent without written consent,
(if parental custody issue exists, legal document required).

Family Physician: _____ Telephone # _____
Family Dentist: _____ Telephone # _____
1. Medical Condition(s) _____
2. Allergies (e.g.: food, drug, other) _____
3. Medication(s) _____
4. Disabilities (e.g.: vision, learning, emotional, orthopedic) _____

I, _____, do hereby release St. Patrick Camp, St. Patrick Youth Community & St. Patrick Church of any responsibility for any illness and/or injury incurred by my child, _____, while attending Camp St. Patrick. I give my consent for emergency treatment of my child if necessary. I also understand that no medication will be given to my child without a written Doctor's note & parental permission. This includes Tylenol.

FIELD TRIPS: Permission is hereby granted to the director & counselors of St. Patrick Youth Community to take my child on trips outside camp as part of the regular camp program.

SWIMMING: My child _____ **can** _____ **cannot** swim. I understand that if he/she cannot swim, he/she will only be allowed to use the Kiddie area. I absolve St. Patrick Youth Community of any responsibility. There will be a Counselor at all times in the Kiddie area.

Parent/Guardian Signature: _____ **Date** _____