



Summer Camp

EMERGENCY INFORMATION

PERSONAL INFORMATION

Camper's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

BRIEF MEDICAL HISTORY

Chronic Illnesses: _____

Allergies: _____

Current Medication: _____

Chronic Injuries (i.e. sprained ankles, etc.): _____

Wears Protective Support/Brace: Y / N If yes, please indicate where: _____

Wears Glasses and/or Contact Lenses: Y / N If yes, please indicate which: _____

Date of Last Tetanus Booster: _____

Family Physician Name: _____ Phone: _____

Address: _____

CONSENT

I, _____, am the parent/legal guardian of _____

Give consent to my child's participation in the following camp(s): _____

In the event that hospital care is needed, and time allows, I prefer that my child be taken to _____ Hospital.

INSURANCE INFORMATION

Name of Insured: _____ Employer of Insured: _____

Insurance Company: _____ Policy/ Group Number: _____

In the event of an emergency that may arise from my child's participation in summer camp, I hereby authorize the certified athletic trainer or athletic coaching staff of Lansdale Catholic High School to consent to any medical treatment, diagnosis, and/ or hospital care by a physician licensed in this state.

Signature of Parent/ Legal Guardian: _____ Date: _____