Camp Summer LEAP 2018
St. Bernard School
Child Information/Emergency Consent Form

Child's Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Home Phone: _____

Session(s) Child Will Attend:

_____ June 25-29- American Heritage

_____ July 9-13 - Bio Lab

_____ July 16-20 - Pioneer Days

_____ July 30-August 3 - Cooking I

_____ August 6-10 - Cooking II

_____ August 13-17 - Wacky Crafts

Camper's Shirt Size: (Please circle one) YS YM YL YXL AS AM AL AXL

Will your child attend Camp After Camp? Yes No

Parent/Guardian Information

Mother/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Father/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Other Emergency Contact

The person(s) to contact in the event parent/guardian cannot be reached.

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Medical Information

Known Medical Conditions:

_____
_____
_____

Known Allergies (food, medication, seasonal, animals, etc.):

_____
_____
_____

Medication to be Administered:

_____

Must complete Authorization for Administration of Medication Form and provide forms completed by the physician.

Any Other Information

_____
_____
_____

Emergency Information

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the St. Bernard Summer Program including all onsite and offsite activities. Further, I hereby release and discharge St. Bernard School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

Type of insurance – (Please check one) _____ Blue Cross/CMS _____ Connecticare _____ Other

Membership # _____

Name of child's regular physician_____ Telephone # ( ) _____ -_____

Hospital Preferences: _____

Signature: _____ Date: _____

Signature: _____ Date: _____