

CONFIDENTIAL

**HOLY TRINITY VACATION BIBLE CAMP 2017  
Medical Release/Emergency Information Form**

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

Camper Home Full Address: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mom Work #: \_\_\_\_\_

Mom Home #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Dad Work #: \_\_\_\_\_

Dad Home #: \_\_\_\_\_ Dad Cell #: \_\_\_\_\_

Emergency Contact Person (Other than parent): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

**MEDICAL/SPECIAL NEEDS INFORMATION**

Please Note any special medical condition or allergies (food or other) we should be aware of:

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

Is the camper on any medication? Yes \_\_\_\_ No \_\_\_\_ If so, please explain:

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

Are there any other special considerations or needs that we should be aware of (such as learning disabilities, social interaction concerns, physical limitations, etc.)? Please explain.

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

**RELEASE AND HOLD HARMLESS**

As parent or guardian for \_\_\_\_\_, I hereby grant permission for him or her to participate in Holy Trinity's Vacation Bible Camp, July 17-21, 2017. I understand that participation in this activity may involve some risks despite the best efforts of the parish adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the parish and Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child's participation in the event and/or traveling to and from the program. I give permission to have my child's photo taken during the event to be used during Vacation Bible Camp activities and for promotion of the Vacation Bible Camp next year.

I authorize the parish adult leaders and volunteers involved with this program to obtain any emergency medical treatment which my child might require while participating in the Vacation Bible Camp activities.

**Health Information:**

Family Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic Address: \_\_\_\_\_

Signature of Parent or Guardian of Minor (Youth under age 18):

I certify that the above information is correct and give my permission for my son/daughter to participate in the Holy Trinity Vacation Bible Camp. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Vacation Bible Camp.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date