

FOR ALL PARTICIPANTS

Health Statement

The following information is of vital importance in case of an emergency and therefore must be completed! No participant will be permitted to attend unless this Health Statement is completed!

YOU MUST INCLUDE A COPY OF A CURRENT INSURANCE CARD!

PLEASE FILL IN ALL INFORMATION:

Participant's Name: _____

Age: _____ Sex: Male Female Date of Birth: ____/____/____

ANY OTHER IMPORTANT INFORMATION (ALLERGIES, DIETARY RESTRICTIONS ETC): _____

Permission to use over-the-counter medication: Yes: _____ No: _____

If on medication, please indicate dosage and frequency: _____

Medical coverage is with: _____ Policy Number is: _____

Name of family Doctor: _____ Phone Number: _____

WAIVER OF LIABILITY

For Parents/Guardians of Participants

I understand that if serious illness or injury develops, medical or hospital care will be given; however, the Staff is not responsible in case of accidental injury or illness. I hereby authorize the Camp Director/Staff member organized by Our Lady of Mt. Lebanon-St. Peter Cathedral to act for me in accordance with their judgment in any emergency of injury/accident that may require medical attention. I also hereby waive and release the same from any, and all, liability for any injuries that may be incurred while traveling to and from Camp. I further understand that in case of serious illness or injury I will be notified; but if it is impossible to contact me, I request and give permission for emergency treatment or surgery as recommended by the attending physician. I understand that the physical sports activities may require bodily contact.

Signature of parent or legal guardian: _____

Home address: _____ City: _____ Zip: _____

Home phone: (____) _____ Cell # (____) _____ Work #: (____) _____

In the event no one is available at home, please contact:

Name: _____ Relationship _____

Address: _____ City: _____ Zip: _____

Home phone: (____) _____ Cell # (____) _____ Work #: (____) _____

(June 17, 2019-June 23, 2019)