

CYC HEALTH STATEMENT

week # _____

To be filled in and signed by parents of camper if under 18
To be filled in and signed by campers themselves if over 18

Camper's Name: _____

Birth date: _____ Last _____ First _____ Gender: (please circle one) Male Female

My child has my permission to attend camp. Listed below are any physical conditions that the camp director or camp first aid personnel should know (reporting such conditions will not prevent child from attending camp and will be kept confidential by camp staff).

Heart condition ____ Diabetes ____ Polio ____ Convulsions ____ Ear infection ____ Bed wetting ____
Allergies: explain) _____

Immunizations: date of last tetanus/diphtheria/polio _____

Dietary needs medically prescribed: _____

Physical or mental limitations: (explain) _____

Activities camper should not participate in _____

Medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

I hereby grant permission for **nonprescription medication** (such as pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed necessary.

Signature: _____ Date: _____

I understand that first aid will be available at the camp; that the campers will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the camp staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician. I further understand that I am responsible for payment of any doctor and/or hospital fees arising from the treatment of my child. To assist the doctor and/or hospital in that task we provide the following information:

Signature of Parent/guardian: _____ Date: _____

Address: _____

City: _____ State & Zip: _____

Telephone #: Home _____ Work #: _____

Ins. Co. Name: _____

Policy # or Subscribers SS# _____

Subscriber's Birth Date: _____

Name (Printed /Typed) _____

If you have any additional information that you feel we should know concerning your child's stay at Catholic Youth Camp, please give as much detail as possible on the backside of this form.

Please attach a copy (front and back) of your insurance card to this form and return to STMC by June 1, 2009.