



St. Joseph's' Adventure Camp 2010

Camper Information

T-Shirt Size: Youth S,M,L Adult: S,M,L, XL

Name: _____ Grade in Fall ____ Sex ____ Age ____ DOB ____/____/____

Address: _____

PARENT/GUARDIAN INFORMATION

Father: _____ Home Tel. _____ Work Tel. _____ Cell _____

Mother: _____ Home Tel. _____ Work Tel _____ Cell _____

Guardian : _____ Home Tel _____ Work Tel _____ Cell _____

Camper lives with (check all that apply) Father () Mother () Guardian ()

EMERGENCY CONTACTS

In the event that the Parent(s)/Guardian(s) cannot be reached , St. Joseph's will call the authorized individuals listed below. People listed should be able to 1. give permission to administer health care; 2. pick up your child if he/she is ill; 3. give advice about caring for your children.

Photo identification is required.

Name: _____ Relationship to child _____

Home Tel _____ Work Tel _____ Cell _____

Name: _____ Relationship to child _____

Home Tel _____ Work Tel _____ Cell _____

STUDENT PICKUP

Please list individuals who you authorize to pick up your child(ren) from Adventure Camp

Name _____ Relationship to child(ren) _____

Home Tel _____ Work Tel _____ Cell _____

Name: _____ Relationship to child _____

Home Tel _____ Work Tel _____ Cell _____

HEALTH INFORMATION

Physician _____ Tel. _____ Dentist _____ Tel _____

Medication(s) being taken by student _____

Physical conditions (allergies, diabetes, etc..) _____

Date of last Diptheria/tetnus shot _____ Health Insurance Information _____

In the event that my child's emergency contacts or physician listed above cannot be reached in an emergency, I authorize St. Joseph's employees or legal representation to obtain emergency medical care for my child while under St. Joseph's care including transporting or send my child to an available hospital or physician.

Parent/Guardian Signature

Date