

St. Norbert Community Summer Camp
Medical/Permission Form

Child's name _____ Nickname _____

Age as of 6/01/24 _____ Gender M F

School _____ Grade as of 9/1/24 _____

Address _____ City _____

State/zip _____

Home phone _____ Email (required) _____

Parent/guardian Name _____ Work # _____

Cell # _____

Parent/guardian Name _____ Work # _____

Cell # _____

Preferred method of contact: ___ work phone ___ home phone ___ cell phone ___ email

Adults authorized to pick up child (other than parent/guardian)

Name _____ relationship to child _____

phone # _____

Name _____ relationship to child _____

phone # _____

Name _____ relationship to child _____

phone # _____

Is there anyone your child may NOT be picked up by? _____

Emergency Contacts

Name _____ relationship to child _____

phone # _____

Camper's Medical Information

Physician's name _____

Phone _____

Name of health Insurance Coverage for Child _____

Policy Number _____

Camper's Special Conditions

___ learning disabilities/special needs _____

___ allergies (including food and medical reactions) _____

___ asthma ___ inhaler used ___ diabetes ___ fainting ___ heart problems ___ hearing

___ sinus problems ___ skin problems ___ bone/ joint problems ___ other

medications taken at home: _____

Please complete other side >>>>>>>>>>>>

Parent Permissions-Please initial the following

_____ I give permission for St. Norbert CSC to administer medications to my child supplied by parent (if applicable). Must be in original container with written instructions.

Type & dosage _____

_____ I give permission for the St. Norbert CSC to administer minor first aid treatment to my child.

_____ I give permission to St. Norbert CSC to seek medical treatment for my child in the event of an emergency.

_____ I understand that a charge for late pick -ups after sessions will be charged.

_____ All camp payments must be paid in full prior to the start of camp.

_____ I understand that changes to my child's registration must be submitted in writing 7 days before the start of each of my child's camp week.

I hereby release and discharge St. Norbert, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at St. Norbert. I authorize St. Norbert, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge St. Norbert from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow St. Norbert CSC permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/guardian signature: _____

Date: _____

Registration will not be accepted without a properly signed waiver.

For information contact Email Lori Myers @ lmyers@stnorbert.org or
Frances Fleming @ ffleming@stnorbert.org