

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