

Camp St. Joseph, 2015

Camper Registration, Consent and Waiver

Camper's Name: (F,M,L) _____ He goes by: _____

Birth date: _____ (DD / MM / YY) Registered parishioner? Yes No

Parent/Guardian's Name: _____

Home address: _____

Daytime phone: _____ Evening phone: _____

Alternative Contact (For Emergencies and you cannot be contacted)

Name & relationship: _____

Phone: _____ Family doctor: _____ Ph: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does your child carry an epinephrine needle? No. Yes.

My boy has read and understood the Camper Code of Conduct. No. Yes.

Parental Consent Form and Liability Waiver

I, _____ grant permission for my child, _____ to participate in this Altar Boy Camp which involves overnight stays and some transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from St. Joseph's Parish. A brief description of the activity follows:

Camp St. Joseph 2015 will be held Fri. June 26, 4:30 PM to Sunday, June 28, 10:30 am 2015. In charge is Fr. Robert Novokowsky, FSSP assisted by Fr. C. Casavantes, FSSP and various parents. All activities will occur at St. Joseph's.

I recognize and accept that all of the Camp activities involve **some level of risk** for my child. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor "participant". I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph Parish, its officers, directors, employees and agents, and the Diocese of Richmond, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Richmond, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS (Please sign only those that are applicable.)

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: _____ Date: _____

Other Medical Treatment

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Richmond, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications (Please sign only those that are applicable.)

---A. My child is taking medication 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, are as follows:

Signature: _____ Date: _____

---B. No medication of any type, whether prescription or non-prescription, may be administered to my child *unless the situation is life-threatening* and emergency treatment is required.

Signature: _____ Date: _____

---C. I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information

(The parish will take reasonable care to see that the following information will be held in confidence.)

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

You should be aware of these special medical conditions of my child:
