

GENERAL ENROLLMENT/MEDICAL EMERGENCY/WAIVER FORM

The information that is provided by this form is gather to assist us in identifying the appropriate care for those who are participating in this event in case of an emergency. The form, also, gives permission for travel and overnight stay for this event. This form must be completed and signed by Parents and/or Guardians for persons under age 18. Those acting in official capacity of this event have the right to refuse any attendees who do not provide this information before or during registration for the event.

PARTICIPANT INFORMATION

Full name _____

Date of birth _____ Age _____ Grade (Sep 2019) _____ Gender: Female _____ Male _____
Month Day Year

Address _____

City _____ State _____ Zip _____

Email _____ Tel no (_____) _____

EMERGENCY CONTACTS

Primary Name _____ Relation _____

Primary Tel No. (_____) _____ 2nd Tel No. (_____) _____

Secondary Contact Name _____ Tel No. (_____) _____

MEDICAL INFORMATION

Name of insured _____ Insurance ID No. _____

Medical Carrier or Plan Name _____ Group No. _____

Carrier Tel No _____

Allergies (food, medication, insects, etc.) _____

Please indicate any other known medical condition that we should be aware of (seizures, diabetes, low blood sugar, heart problems, asthma, etc.):

Please indicate anything else about the participant that camp staff may need to be aware of:

(Please read, complete and sign the Parent/Guardian Authorization on the reverse side of this form.)

PARTICIPANT/PARENT-GUARDIAN AUTHORIZATION

Parent-Guardian Signature required for all persons under 18 years of age

In the case of a medical emergency, I give permission to be evaluated/-have my child evaluated and treated by qualified medical personnel. In the event of a medical emergency of my child, I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. In the event that I am not able, the adults in charge have my permission to authorize any further medical care, which in their judgment they deem necessary, and to sign any medical forms necessary on my or my child's behalf. This form is good for one year from the date below and will be kept on file.

Transportation Release: I understand that this event may include transportation to and from the location of an event or activity, and may include overnight status. I understand that travel in overnight status is governed by the guidelines provided in Diocesan policy for Safe-Guarding God's Children and Vulnerable Adults. I give permission to be/for my child to be transported for this event.

Media Release: In the course of camp activities, media may be used by diocesan staff or Diocesan staff. I give the Episcopal Diocese of Pennsylvania the right and permission to publish, copyright and use images published of my child. If I do not want such images published, I am so indicating by checking this box:

Your printed name will serve as your signature of agreement to the terms of this enrollment.

Participant's Signature

Parent/Guardian Signature

Date