TOTUS TUUS 2017

Health History and Participant Release Form *Please print using blue or black ink.* **June 25 29 OR June 26 30, 2017**

Section I: Contact Information

Camper Name: ______________________________ Nickname: __________
First Middle Initial Last

Date of Birth: _____/_____/__________ Age: ________ Gender: □ Male □ Female

Grade (Fall 2017): ____________________ School: ______________________________

Home Address: ____
Street City State Zip

Parent/Guardian Name: ______________________________ Relationship: ____________
First Last

Parent/Guardian Phone: ______________________________ □ Home □ Cell □ Work

Parent/Guardian Email: ____

Emergency Contact Name: ______________________________ Relationship: ____________
(if we cannot reach the parent/guardian) First Last

Emergency Contact Phone: ______________________________ □ Home □ Cell □ Work

Please select a code word to be used by those picking your child(ren) up from camp: ____________________

To ensure the safety of your children, we ask that ***ANY INDIVIDUAL*** (including parents) picking your child up from camp provide this code word to our sign-out volunteer before the child is released. ***(DAY PROGRAM ONLY)***
Please inform those who will be transporting your child of the code word you have selected.
Only one code word per family is necessary. Please select the same code word for each of your children.

Please list any individuals who are **NOT AUTHORIZED** to pick your child up from camp:

Name: ______________________________ Relationship: ____________________
First Last

Name: ______________________________ Relationship: ____________________
First Last

Reasons (optional): ____

Section II: Insurance Information

Is the camper covered by family medical/hospital insurance? □ Yes □ No

Insurance Carrier: ____

Group #: ______________________________ Member ID #: ______________________________

Policy Holder's Name: ______________________________ Relationship: ____________________
First Last

Camper Name: ____ DOB: _____/_____/__________

Section III: Health History

Please know that we value your privacy. Health history information is available only to our volunteer team and staff.

The camper has a history of the following:

□ 1. Asthma	□ 2. Diabetes	□ 3. Seizures	□ 4. Dizziness
□ 5. Headaches	□ 6. Heart defect	□ 7. Allergies	□ 8. Recent injury

Please list the number and provide explanation for any checked items: ____

____

Section IV: Medications

If a parent or guardian of the camper is unable to be present to administer any necessary medication, only a SJN staff member or SJN Choir Camp volunteer may administer the medication pursuant to this authorization.

Written instructions from the child's physician must be provided, and must state the following:

1. The child's name;
2. The name of the medication;
3. The proper dosage of the medication;
4. The purpose of the medication;
5. The time of day/circumstances in which the medication is to be administered;
6. The anticipated number of days the medication must be administered; and
7. Any possible side effects of the medication.

Any medication must be brought in a container appropriately labeled by a pharmacy or the child's physician, and must be picked up with the child at the end of day. If a child has a condition that might require medication on an emergency basis (e.g. in the case of a child's allergic reaction, asthma attack, etc.), the child's parent or legal guardian must provide all necessary information and training or instruction to the staff/volunteer who might be responsible for administering such medication or carrying out such medical procedures.

Section V: Release

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child. I agree on behalf of myself, the above-named minor child, our heirs, successors, and assigns, to hold harmless and defend, the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents, and any other participating entity or institution, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with the above named child participating in the activities, or in connection with any illness or injury (including death) and/or cost of medical treatment in connection therewith, without limitation, and I agree to compensate the supervising entity or institution, its officers, directors and agents, and the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage. With the exception of the above, 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. I give my permission for the above named child, in case of an emergency, to be taken to a physician and/or hospital by either the supervisor in charge or by an adult authorized by the supervisor in charge. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by said adult to hospitalize and secure proper treatment (including surgery) for the above named child; and for the release of medical records to medical personnel. The cost of any medical care or treatment obtained for the benefit of the above named child shall be my expense and not paid by the Roman Catholic Diocese of Charlotte. I authorize St. John Neumann Church and the Diocese of Charlotte to use photos or video of my child taken during SJN Summer Camp for promotional purposes.

Parent/Guardian Signature: ____ Date: ____________________

Section VI: Payment

In-person Registration: Payment must be submitted at the time of registration.

Online Registration: Payment must be received within 5 days or risk forfeiture of spots.

For Online Registration: Email completed form to katie@4sjnc.org.

Registration Fee: $20 Paid: ____/____/2017 Method: ___________	**OFFICE USE ONLY**