



Camper's Full Name

**HEALTH INFORMATION**

**\*This information is extremely important. Please fill out this form completely.**

**Primary Care Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Current medications(s) and condition(s)**

\_\_\_\_\_

**Any limitation to your child's' physical Activities**

\_\_\_\_\_

**Allergies (medicine, food, plants, bees, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Name of Issued** \_\_\_\_\_

**Insurance Policy #** \_\_\_\_\_ **Last Tetanus Shot** \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

As parent or legal guardian of (please print) \_\_\_\_\_, I hereby give consent to Saint Paul's United Methodist Church and its representatives to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my dependant child. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my child. I further direct that a photocopy of this form and my signature below are to be accepted as valid authorization for all emergency treatment. Concerted effort will be made to contact a parent/guardian before any treatment is given and I/we assume all financial liability for service rendered.

Print Your Name

Signature

Date

**TRAVEL AUTHORIZATION**

My child (please print) \_\_\_\_\_, has permission to travel by church van, hired bus, or personal/rental vehicles to field trips with Saint Paul's United Methodist Church Summer Camps. Information about these trips is available at least one week in advance through newsletter, calendar, email or signs. The church office will have an emergency number to reach the camp staff when office campus.

Print Your Name

Signature

Date

**DROP-OFF/PICK-UP AUTHORIZATION**

These people have my authorization to pick-up and drop-off my child(ren) to and from Summer Camp.

Name

Phone

Name

Phone