

EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____

Address: _____ Zip: _____

Birth date: _____ Home Phone: _____ Cell Phone: _____
mo / day / year

Purpose: To enable parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. (MUST BE COMPLETE TO ATTEND)

CONSENT

In the event reasonable attempts to contact me (_____) – parent/guardian at _____ (phone no.) or _____

(other parent or guardian) at _____ (phone no.) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by :

Dr. _____ (preferred physician) _____ (phone no.)

or Dr. _____ (preferred dentist) _____ (phone no.)

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and/or the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Please note any facts concerning the child's medical history to which a physician should be alerted:

1. Allergies:

2. Medications taken regularly:

3. Physical impairments:

4. Any other important information that you feel a physician or the school nurse should be aware of :

PHOTO RELEASE: Periodically students in our program have the opportunity to be photographed for the purpose of being featured in area publications as well as promotional materials for the program. Please indicate whether you agree to allow your child to be photographed for these purposes or if you do not wish for your child to be photographed for any reason.

_____ I grant permission for my child to be photographed.

_____ I DO NOT want my child to be photographed.

Parent/Guardian Signature: _____ Date: _____

Catholic Schools Office Dayton Summer Learning Camp

2019 Registration and Waiver

(Please PRINT)

Date Submitted: _____

Child's Full Name: _____ Nickname/goes by: _____

Address: _____

Child's age: ____ Gender: ____ Current Grade ____ Current School _____

Current Teacher _____ Teacher's email: _____

*List any special medical concerns / needs: _____

Attached Emergency Medical Authorization Form must be completed.

Language spoken at home: _____

Brothers or sisters attending summer school? Yes / No
If yes, please list first and last names and grade they are in:

Parent/Guardian contact information (Please PRINT)

Name: _____

Relationship to Child: _____

Daytime phone: _____ Eve. phone: _____ Email: _____

Alternate / emergency contact:

Name: _____ Relationship to Child: _____

Primary daytime phone: _____ Alternate daytime phone: _____

TRANSPORTATION INFORMATION:

____ My child has my permission to walk home. Alone? ____ YES ____ NO Only with (name) _____

____ My child will be picked up by car *** ____ My child will ride the bus from/to Mother Brunner School

Is there anyone NOT permitted to pick up your child? ____ YES ____ NO

Name of the person NOT permitted to pick up above listed student: _____

Relationship to child: _____ (Please provide a description/picture of said individual)

***If someone other than the above listed individuals will be picking your child up, or transportation arrangements will be different please contact the program director via email, phone, etc. to inform us of the change.

WAIVER:

I, the lawful parent or guardian of _____, release, indemnify and hold harmless the Summer Learning Camp, the Archdiocese of Cincinnati, the Archbishop, employees, officers, agents, representatives, and volunteers from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity including all risks connected therewith, whether foreseen or unforeseen. I agree to instruct my child to cooperate with all the agents of the Summer Learning Camp in charge of activities.

Parent/Guardian Signature: _____ Date: _____