



VOCATIONS SUMMER CAMP HEALTH INFORMATION

To be completed by parent or guardian per participant

REGISTERED CAMP <input type="checkbox"/> CALL TO HOLINESS (GIRLS) <input type="checkbox"/> VOCATIO DEI (BOYS)		
PARTICIPANT NAME (LAST, FIRST)		DATE OF BIRTH
HOME ADDRESS		
PARENT/GUARDIAN NAME (LAST, FIRST)	PHONE	WORK PHONE

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME (LAST, FIRST)	PHONE	RELATIONSHIP
EMERGENCY CONTACT NAME (LAST, FIRST)	PHONE	RELATIONSHIP
PHYSICIAN NAME	PHONE	
DENTIST NAME	PHONE	
FAMILY MEDICAL/HOSPITAL INSURANCE COMPANY		
POLICY HOLDER NAME	POLICY #	GROUP #

HEALTH HISTORY

PARTICIPANT'S ALLERGIES (MEDICATIONS, FOOD, PLANTS, INSECTS, ETC.)
PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (DIABETES, EAR INFECTION, ETC.)
IS PARTICIPANT UNDER THE CARE OF A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO

PARTICIPANT'S PHYSICAL RESTRICTIONS (E.G., SEIZURES, BEHAVIOR, ASTHMA, EYE GLASSES, ETC.)						
PARTICIPANT'S MEDICATIONS AND DOSAGE TO BE ADMINISTERED AT CAMP (PRESCRIPTION AND OVER THE COUNTER)						
REASON FOR CURRENT MEDICATIONS						
OTHER CURRENT CONDITIONS (SPECIAL DIETS, SLEEPWALKING, BED-WETTING, ETC.)						
IS PARTICIPANT UP TO DATE ON ALL IMMUNIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
THE CAMP NURSE MAY ADMINISTER THE FOLLOWING MEDICATIONS TO THIS PARTICIPANT (PLEASE CHECK ALL THAT MAY BE TAKEN) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> TYLENOL/ACETAMINOPHEN</td> <td><input type="checkbox"/> MOTRIN/IBUPROFEN</td> <td><input type="checkbox"/> BENADRYL</td> </tr> <tr> <td><input type="checkbox"/> TUMS/MYLANTA/PEPTO BISMOL</td> <td><input type="checkbox"/> NO MEDICATIONS</td> <td></td> </tr> </table>	<input type="checkbox"/> TYLENOL/ACETAMINOPHEN	<input type="checkbox"/> MOTRIN/IBUPROFEN	<input type="checkbox"/> BENADRYL	<input type="checkbox"/> TUMS/MYLANTA/PEPTO BISMOL	<input type="checkbox"/> NO MEDICATIONS	
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IMPORTANT NOTE: All medications (including prescriptions, supplements, and vitamins) must be brought to camp in the original container and clearly labeled with: participant's name, name of prescribing physician, prescription number, date prescribed, name of medication, and directions for use. All medications will be stored in a locked container along with a dispensation record. Parents will also be asked to fill out the Camp Prescription Medication Form for the camp nurse.

HEALTH HISTORY: This health history is correct to the best of my knowledge. The person described is in good health and has permission to engage in all camp activities.

AUTHORIZATION FOR TREATMENT: Given the nature of any physical activity and with the knowledge that injuries occur, I have taken necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. I give permission for the Camp Staff to treat minor injuries or illness. In case of emergency, I give permission to Camp Director to secure proper treatment by a licensed physician. When practical, parent will be notified by telephone before any procedures are done.

WAIVER OF LIABILITY: I understand that there is a certain degree of risk and possible injury inherent in summer camping. I agree not to hold the Diocese of Savannah and its employees responsible for personal injury or the loss of property.

WAIVER AND RELEASE REGARDING COVID-19 AND VIRAL INFECTIONS: I hereby acknowledge and agree that this event may expose participants to many inherent risks; including but not limited to the potential exposure to viral illnesses such as influenza, COVID-19, SARS and others. I am aware of the recent global pandemic involving viral illnesses and specifically COVID-19. These are serious and dangerous infections, which could cause grave illness and in some cases death.

PHOTO RELEASE: I give permission for photographs of my child to be used by the diocese for promotional purposes.

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP TO PARTICIPANT

Please attach a copy of your insurance card and mail to: Vocations Office, 2170 E. Victory Drive, Savannah, GA 31404.