

Emergency Medical Release Form

Camper's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone _____

Place of Employment _____ Phone _____

Father's Name _____ Phone _____

Place of Employment _____ Phone _____

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Hospital _____ Insurance Carrier _____

Emergency Contact Person _____ Phone _____
(if parents cannot be contacted)

Relationship to Camper _____

Please identify any relevant medical history (e.g. allergies, medications, or impairments) to which a physician treating your child should be alerted. (use back if necessary)

In the event that reasonable attempts to contact me/us are unsuccessful, I/we give Consent to any treatment deemed necessary by the physician or dentist named above or by another licensed physician or dentist, and for the transfer of the camper to the hospital named above or to any hospital reasonably accessible.

I give my daughter/son permission to participate in a St. Ignatius sports camp. I certify that she/he is physically fit to participate in supervised athletic situations. I have listed below any and all limitations that should be placed on her/his athletic participation. My daughter/son is fully covered by medical insurance. Should she/he sustain any injuries at camp, I will not hold St. Ignatius or its coaches, camp staff, or other participants responsible.

Limitations of Athletic Participation

Parent Signature _____ Date _____