

Christian Summer Bible Adventure 2019

Registration Form

ONE FORM PER CHILD

Adventure Health form must accompany Registration form and Adventure fee.

Please make check out to Sacred Heart Parish

PLEASE PRINT CLEARLY

Child's age: _____

Date of Birth: _____

Child's Name: _____

Please circle your child's grade as of September 1, 2019

1 2 3 4 5 6

Parents/Guardian Name: _____

Address: _____ City/Town: _____

Home telephone: _____ Cell phone _____

Home e-mail address: _____

Please print clearly

Person responsible for picking up this child at the end of each Camp day:

Name: _____

Telephone number: _____ Cell phone: _____

Signature of parent/guardian: _____

Camp Fee Structure

	# of Children per family		
Cost for the week:	1 child	2 children	3 or more
	\$80.00	\$130.00	\$160.00

Office Use Only:

Date Rec'd: _____

PAID: _____

Health Form: _____

Immunization Record: _____

Name of one friend in same grade:

Please circle one:

Child's Tee Shirt Size: Youth xsm (2-4) sm (6-8) med (10-12) lg (14-16)
Adult Sm (34-36) Adult Med (38-40) Adult Large (42-44) Adult XL (46-48)

Sacred Heart's Summer Adventure Health, Consent and Release Form

Information in this document is protected by HIPPA privacy laws and should be handled accordingly

One person per form!

Name: _____ Birth date: _____ Sex: _____
Last First MI

Parent/Guardian (or spouse) _____ Cell Phone () _____

Home Address: _____ Home Phone () _____
Street Address City State

Second Parent or Guardian Emergency Contact: _____

Home Address: _____ Home Phone () _____
Street Address City State

If not available in an emergency, notify: Name: _____

Home Address: _____ Home Phone () _____
Street Address City State

Recommendations and Restrictions

Any Treatment to be continued at camp _____

Any medication to be administered at camp (specific dosage) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (Food, drugs, plants, insects) _____

Additional health information/activities to be limited _____

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Dietary Restrictions _____

Current Medications (send in prescription bottles) _____

Other Diseases _____

Name of Family Physician _____

Name of Dentist/Orthodontist _____

Special Health and behavioral considerations _____

Authorization for treatment

This health history is correct as far as I know, and the person herein described has Permission to engage in all activities except as noted. I hereby give permission To the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Sacred Heart's Summer Bible Adventure to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named above. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, Sacred Heart does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or medical fees which may be incurred.

Signature of parent/guardian or minor/adult

volunteer: _____

Date: _____

Health History: (give approx dates)

_____ Frequent Ear Infections	_____ Chicken Pox
_____ Heart Defect/Disease	_____ Measles
_____ Diabetes	_____ German Measles
_____ Bleeding/Clotting Disorder	_____ Mumps
_____ Hypertension	_____ Hepatitis A
_____ Mononucleosis	_____ Hepatitis B
_____ Convulsions	_____ Hepatitis C
_____ Epilepsy	

Allergies (Date not needed)

_____ Hay fever
_____ Ivy Poisoning, etc.
_____ Insect Stings
_____ Other (Specify) _____
_____ Penicillin
_____ Other Drugs
_____ Asthma