



St. Francis of Assisi Parish

“Fun in the Sun”

Camp Guide and Forms

Summer 2026

Thank you for your interest in the St. Francis of Assisi “Fun in the Sun” Summer Camp Program. Throughout the summer your child will enjoy crafts & activities associated with a different theme each week. Our camp policies and information are included in this document. If you have any questions, please feel free to contact our Director, Vicki Isabelle, at 603-424-3456 x 209 or email at vickii@stfrancisofassisi.net.

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Dates and Hours of Operation

Program dates:

- June 17, 2026 thru August 21, 2026 (We will be closed on Friday, July 3rd)

Program hours:

- Monday through Friday 7:30 am to 5:30 pm.

Age Requirements

Children 4 to 12 years old

- Campers must be toilet trained to attend camp. If a child has an accident and the child requires assistance, a parent will be notified to come to camp to help their child. Parents must arrive within 30 minutes of being called. If accidents occur regularly, the child will be dismissed from camp until they are fully toilet trained.
- Children who attended St. Francis School during the 2025-2026 school year, but have not yet turned 4 years of age, will be accepted in our summer camp program.

Documents Required for Registration (all documents must be received with the Enrollment Form in order to be processed)

1. Enrollment Form, Registration fee and first week tuition payment
2. Emergency Contact Form
3. Camper Health Information and Profile
4. Copy of child's most recent physical (physical must be dated after August 21, 2024)
5. Copy of child's most recent immunization record
6. Permission to Dispense Medication and Administer First Aid Form
7. Medication Release Form (if needed) must be provided for all prescription and non-prescription medications to be administered during camp hours.
8. Request for Approval to Use and Possess Epinephrine Auto-Injector and Asthma Inhaler Form (if needed)
9. Signed Parent Acknowledgement Form for Camp Guide
10. Payment for registration fee \$75 (per family) and first week tuition for each child.

Children may not attend Fun in the Sun until all of the required forms are on file. **All forms must be submitted with Registration. Incomplete registrations will not be processed.**

Payment Information

1. The 2026 non-refundable registration fee for Fun in the Sun is \$75.00 per family.
2. Tuition rates:
 - ★ \$205 per child per week
 - ★ Sibling Fee is \$180 per additional child per week
 - ★ Daily Fee is \$75 per child per day
 - ★ We do not offer half day rates.
 - ★ Adding Additional days - additional days may be added after registration, depending on availability in the child's classroom.
3. A late pick up fee will be charged to your account when your child(ren) is picked up after 5:30 pm.
 - ★ Pick up between 5:31 pm and 5:45 pm is \$20.00 per camper
 - ★ Pick up between 5:46 pm and 6:00 pm is \$30.00 per camper
 - ★ Pick up after 6:00 pm is \$100.00 per camper
4. **The \$75.00 registration fee (per family) and payment for the first week of attendance (per child) must be enclosed with your registration.**
All other payments are due on the Monday prior to the week your child is attending. (See payment schedule below.) **Your child(ren) will not be able to attend camp if your account is not current.**
5. Payment is accepted in the form of cash or check only. **Please make checks payable to St. Francis of Assisi Parish. The bank will NOT accept checks made out to Fun in the Sun or Saint Francis School.** Payments should be submitted at drop off in the morning. *There will be a \$30 charge for checks returned by the bank.*
6. There are no added fees for on-site field trips, all on-site field trips are included with tuition.
7. Once we have received all your paperwork, your registration fee and payment for the first week of attendance, a confirmation letter will be sent to you listing the days/weeks your child/children are registered for.

Payment Schedule

Week	Start Date	End Date	Payment Due Date
Week 1	6-17-26	6-19-26	6-8-26
Week 2	6-22-26	6-26-26	6-15-26
Week 3	6-29-26	7-2-26	6-22-26
Week 4	7-6-26	7-10-26	6-29-26
Week 5	7-13-26	7-17-26	7-6-26
Week 6	7-20-26	7-24-26	7-13-26
Week 7	7-27-26	7-31-26	7-20-26
Week 8	8-3-26	8-7-26	7-27-26
Week 9	8-10-26	8-14-26	8-3-26
Week 10	8-17-26	8-21-26	8-10-26

Cancellations

In order to obtain a refund of any tuition paid, you must provide written notification of cancellation to the Program Director on or before April 1, 2026. Email notification must be sent to vickii@stfrancisofassisi.net. No refunds will be provided for cancellations after April 1, 2026. After the April 1, 2026 deadline, you are responsible for the weeks/days that have been confirmed and reserved for your child/ren. There will be no exceptions after this deadline. (Registration fee is non-refundable)

Medications

All medications must be delivered in the original prescription container to the Program Director. The prescription label must be attached to the original container. A Medical Authorization Release and Indemnification Agreement Form must be given to the Director at this time. This includes epi-pens, inhalers and both prescription and non-prescription medications. Please **DO NOT** pack medication in your child's lunch or backpack.

Emergency Care Policy

During operating hours, we will have staff members available who are certified in First Aid and CPR. Staff members are informed of the policies and procedures to be followed in case of an emergency.

In the event of an emergency, the following steps will be taken.

- In the event of an emergency, emergency services will be contacted.
- We will attempt to contact the parent or guardian using the information provided on the Emergency Contact Form.
- If the parents can not be reached, we will attempt to contact the emergency contact listed on your Emergency Contact Form.
- If a parent or emergency contact cannot be reached in a life-threatening emergency, an ambulance will be requested, and the child will be transported to the hospital accompanied by the director.

Illness

If your child is not feeling well, please **DO NOT** send them to camp. Sending a sick child to camp puts our staff and other campers at risk.

If your child is not feeling well, has a fever or has vomited, you will be contacted to pick up your child. Once notified, your child must be picked up within 30 minutes. Campers may not return to camp unless they have been fever-free (without medication) for 24 hours. Please notify us immediately if your child has a communicable disease.

Drop Off and Pick Up

Our drop off/pick up entrance area is on the west side of the church, the school entrance. (Left side as you come down the hill.) We ask that campers be dropped off between 7:30 and 9:00 am. At 9:00 am the doors will be locked and you will need to ring the bell for check-in. All parents must sign their child in at the camp entrance. Campers are not permitted to sign themselves in or out of camp. Due to safety issues and allergies, we ask that you refrain from bringing pets when dropping off or picking up your children.

Drop Off Procedure

Parent/guardian must sign in their child/ren. Campers will then be directed to their classroom. We ask that all goodbyes be said quickly. This will make it easier for everyone and will keep the line flowing smoothly.

Pick Up Procedure

When you arrive to pick up your child, you will need to ring the bell at the school entrance. A staff member will come to the door to greet you. Please let the staff member know the name of your child and the room that they are in. Your child will be brought to you at the entrance. Parent/guardian must sign out their child/ren. Campers must take home all their possessions each day (extra clothing, water bottle, lunch bag, etc.).

Snacks and Drinks

- Morning snack: 8:30 am to 9:00 am
- Afternoon snack: 2:30 pm to 3:00 pm

Snacks and drinks are not provided by the program. It is important that your child bring a refillable water bottle everyday. If a child does not have a water bottle, the parent will be called to deliver a water bottle to camp. We suggest that you pack a spare water bottle in your child's bag.

Ice Cream

Ice cream and popsicles are available to purchase at 2:30 pm Monday through Friday. Freeze pops are available for 50 cents each and ice cream and popsicle novelties for \$1.00 each day during our afternoon break. Please note that ice cream is something special that we offer and is not required, campers are always welcome to bring their own snack.

Lunch

Lunch: 11:30 am to 12:00 pm.

Please pack your child's lunch, along with the **proper utensils** and a drink in a labeled bag or lunch box with an ice pack.

Glass containers are not allowed.

Please note: Microwaves are not available in our camp classroom, therefore, lunches cannot be heated for our campers.

What to pack for Camp EVERYDAY

In order for your child to be prepared for all the events we have at Fun in the Sun, we suggest that they bring the following items to camp with them **every day, please label all of your child's items with their first and last name.**

- Sunscreen: Sunscreen is a must and will be applied every time we go outside. Please apply sunscreen prior to your arrival to camp. If your child needs help applying sunscreen while at camp, please send a can of continuous spray (not lotion) labeled with your child's first and last name. In order for the staff to apply sunscreen to your child, parents MUST sign the Permission to Dispense Medication and Administer First Aid Form.
- Bathing Suit & towel for water play
- Extra set of clothes
- Lunch, snacks & drinks **including utensils if needed**
- Refillable water bottle (if the camper arrives without their water bottle, parents will be contacted and asked to bring one to camp)
- Two pairs of footwear: one they wear into camp, the second is a spare. Sneakers for sport games and water shoes or crocs for water games. We discourage the wearing of flip flops due to the many activities and events that we have throughout the day.
- Backpack/bag for all their belongings.

What NOT to pack for Camp

Campers should NOT bring the following items to camp:

- Glass bottles
- Bug Spray
- Electronic Devices (computer, I-Pad etc.)
- Cell phones (campers are not allowed to be on their phones during camp hours)
- Toys and games (pokemon cards, beyblades) and personal items from home.
- Valuables

We ask parents to support our efforts by **NOT** sending electronic games and cell phones to the camp. Fun in the Sun is not responsible for lost items.

Fun Friday "Movie Day"

Fun Friday is movie day, we will show a movie at 3:15 pm every Friday. Subject to change due to weather (heat advisory, storms, etc).

Lost and Found

Our lost and found bench can be found outside the entrance to the right. Please check the lost and found bench daily as we have had many personal items left at camp and unclaimed. Any items left unclaimed by the last day of camp will be cleaned and donated to St. Vincent de Paul.

Behavior

We expect that campers will be respectful of staff members, campers and camp property at all times. If a camper cannot meet the expectations while attending Fun in the Sun, a parent or guardian will be notified to discuss a corrective plan of behavior. If a camper continues to violate our camp policies, they will be dismissed from the program. Campers who exhibit harmful or destructive behaviors (hitting, kicking, biting, damaging property, etc) will not be allowed to remain at camp and will be dismissed from the program.

Discipline Policy

- A staff member will speak with the camper to discuss what happened and formulate a resolution before continuing with camp activities.
- The Director will speak with the camper to discuss what happened and ways that the Director and camper can work together to avoid this behavior in the future.
- We will work with the parent to create a corrective plan of action.
- Failure to follow the corrective plan of action will result in dismissal from the program.

Fun in the Sun Summer 2026 Camp Themes

Week 1 – June 17 – 19

Welcome to the Big Top

“Where Every Camper is a Star”

Week 2 – June 22– 26

Imagination Station

“A World of Wonder Awaits”

Week 3 – June 29 - July 2 (Closed July 3rd)

Party in the USA

“Red, White, Blue...and You”

Week 4 – July 6 – 10

Team Up

“Together We Achieve More”

Week 5 – July 13 – 17

Holiday Hullabaloo

“Festive Fun for Everyone”

Week 6 – July 20 – 24

Animal Adventures

“Where Wild Adventures Await”

Week 7 – July 27 - 31

Field Day Fun & Spirit Week

“Days of Fun for Everyone”

Week 8 – August 3 – 7

The Magic of Camp

“Discover the Magic Within”

Week 9 – August 10 – 14

Color Me Crazy

“Be Bold, Be Bright, Be You”

Week 10 – August 17 – 21

That’s a Wrap

The Circus may be leaving town but the FUN stays with you!

**Check the sign-in area for additional special events and field trips.

Forms

The following forms are needed to complete your registration for the 2026 Fun in the Sun Summer Camp Program. **PLEASE DO NOT PRINT THE FORMS BACK-TO-BACK.**

Forms that are printed back-to-back or are unreadable will be returned for correction to be made.

ST FRANCIS OF ASSISI PARISH

FUN IN THE SUN SUMMER PROGRAM 2026
PARENT ACKNOWLEDGEMENT FORM FOR CAMP GUIDE

I, _____, have read completely and agree to comply with the policies of St. Francis of Assisi Parish Fun in the Sun Summer Camp 2026 Parent Handbook. I also have had an opportunity to clarify any questions I may have had. This sheet serves as receipt of/and acknowledgement of the rules and regulations specifically pertaining to the Fun in the Sun Summer Camp and its operations.

Parent Signature

Date

Parent Name Printed

2026 ENROLLMENT FORM

Parent(s) Name: _____

Address: _____

Dad/Guardian: Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mom/Guardian: Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Child's Name _____ Male _____ Female _____ Age _____

Date of Birth _____ Child lives with _____

Child's Name _____ Male _____ Female _____ Age _____

Date of Birth _____ Child lives with _____

Child's Name _____ Male _____ Female _____ Age _____

Date of Birth _____ Child lives with _____

Child's Name _____ Male _____ Female _____ Age _____

Date of Birth _____ Child lives with _____

Days/Weeks Enrolled (please place a check mark in the boxes)

#	Week of	Entire Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	6-17 to 6-19		Closed	Closed			
2	6-22 to 6-26						
3	6-29 to 7-2						Closed
4	7-6 to 7-10						
5	7-13 to 7-17						
6	7-20 to 7-24						
7	7-27 to 7-31						
8	8-3 to 8-7						
9	8-10 to 8-14						
10	8-17 to 8-21						

St. Francis of Assisi "Fun in the Sun" Summer Camp

2026 CAMPER HEALTH INFORMATION AND PROFILE

We require health information and immunization records for all children attending the "Fun in the Sun" summer camp. Your child will not be admitted to camp without a health form and immunization records on file (health form must be dated after August 25, 2024).

Please complete this entire form and return it to St. Francis along with your child(ren)'s immunization records and current health form. **All forms must be submitted at time of registration.** Personal information will be held in confidence and will be released only to the appropriate individuals.

Child's name: _____ Child's date of birth: _____

Parent / Guardian Names: _____

Address: _____ City / State / Zip: _____

Health Insurance Company: _____ Policy #: _____



Family Health Professionals:

Name of family physician: _____ Phone: _____

Address: _____ City / State / Zip: _____

Name of family dentist: _____ Phone: _____

Address: _____ City / State / Zip: _____

Allergies: _____

Medications being taken:

Please list all medications taken regularly. *If medications must be taken while at camp, please be sure to sign a medication release form.*

Med #1 _____ Reason for taking: _____

Med #2 _____ Reason for taking: _____

Med #3 _____ Reason for taking: _____

Permission to provide necessary treatment or emergency care:

I agree to have my child transported via ambulance and or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child / ward's participation in this program. On the lines below I have listed any medical condition, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if she or he needs emergency medical care:

Signature of parent / guardian: _____ Date: _____

Printed Name: _____ Relationship to child: _____

Does your child require a special aide or assistance at school or at other organized programs?

Parent/Guardian Authorization: This health form is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Signed: _____ **Date:** _____

EMERGENCY CONTACT FORM 2026

Child's name: _____ Date of birth: _____

Address: _____ City / State / Zip: _____

Parent / Guardian Names: 1.) _____ 2) _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Emergency Contacts: Please list two people we may contact if we cannot reach you in an emergency:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Signature of parent/guardian: _____ Relationship to child/ren: _____

Printed Name: _____ Date: _____

Photographic Release:

I hereby give permission to the St. Francis of Assisi Fun in the Sun Staff or for anyone authorized by St. Francis of Assisi Church to take photographs of the above listed minor. I understand these photographs will be used for informational and promotional materials and under no circumstances will be sold or distributed for sale.

Signed: _____ Date: _____

The names listed below are authorized by me to pick up my child(ren).

Please send in a note to notify the camp director when your child/ren will be picked up by someone other than a parent/guardian. Thank you!

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

PERMISSION TO DISPENSE MEDICATION AND ADMINISTER FIRST AID

Occasionally campers will request or require over the counter medication(s) while under our supervision.

Child's Full Name: _____ Date of Birth: _____

I, _____, (the "Parent/Guardian") hereby request authorized personnel at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a St Francis of Assisi Parish Fun in The Sun Summer Camp (the "Diocese Location") to administer the over the counter medication(s) to _____ (the "Minor") as directed by this authorization and I agree to release, indemnify, and hold harmless the Diocese Location and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for helping this minor use the over the counter medication(s).

The Parent/Guardian must initial or check next to each over the counter medication below that they authorize the use of:

- | | |
|--|---|
| <input type="checkbox"/> Baby Wash | <input type="checkbox"/> Benadryl Itch Cooling Spray |
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Antibiotic Cream (ex. Neosporin) |
| <input type="checkbox"/> Baking Soda (used for bee stings) | <input type="checkbox"/> Hydrocortisone Spray |
| <input type="checkbox"/> Sunscreen (supplied by parent) | <input type="checkbox"/> Antiseptic Cleansing Spray |
| <input type="checkbox"/> Ayr Saline Nasal Gel | <input type="checkbox"/> Band-Aids |
| <input type="checkbox"/> Gatorade/Propel (rehydration if needed) | <input type="checkbox"/> Wound Wash |

I understand that Fun in the Sun does not provide over the counter pain relievers to the campers. Over the counter pain reliever must be provided by the parent along with the Medical Authorization Release and Indemnification Agreement.

I give permission for the camp director or their designee to assist my child by providing over the counter medication if initialed above and to assist with the over the counter medication listed above. By signing this form, I agree that I will not hold the staff responsible for any adverse reactions from these over the counter medications.

PARENT SIGNATURE: _____ DATE: _____

PARENT NAME (printed): _____

MEDICAL AUTHORIZATION RELEASE AND INDEMNIFICATION AGREEMENT¹

I _____ (the "Parent/Guardian") hereby request authorized personal at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a _____ (the "Diocese Location") to administer medication to _____ (the "Minor") as directed by this authorization and I agree to release, indemnify, and hold harmless the Diocese Location and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for helping this minor use medication, provided the Diocese Location staff members comply with the physician or Parent/Guardian orders set forth in the Parent/Guardian Information About Medical Procedures. I have read the procedures outlined in the Parent/Guardian Information About Medical Procedures and assume responsibility as required.

THE PARENT/GUARDIAN MUST COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION.

THE PHYSICIAN MUST COMPLETE AND SIGN FOR ALL PRESCRIPTION MEDICATIONS.

Diagnosis _____

Medication: List in order taken (if applicable)

Medication	Dosage	Type (check one)	Symptoms / Time of Day to Administer	Period Effective
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:

Other Instructions or Comments: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PHONE: _____

THE PHYSICIAN MUST COMPLETE AND SIGN FOR ALL PRESCRIPTION MEDICATIONS.

DOCTOR NAME: _____

DOCTOR SIGNATURE: _____ DATE: _____

DOCTOR PHONE: _____

¹ This Medication Authorization Release and Indemnification Agreement and separate Medication Log is required for the handling or administering of medication for minors or persons under disabilities.
Medical Authorization Release and Indemnification Agreement 2016 01 27 RCBM final2.docx

Parent/Guardian Information About Medical Procedures

1. Medications should be taken at home whenever possible. Any medication taken at the Diocese Location must have a Parent/Guardian-signed authorization; some medications also require physician orders. Medication must be kept in the Diocese Location health room or other Diocese Location-approved location. The Parent/Guardian must transport medications to and from the Diocese Location except a high school age minor may carry an over-the-counter medication to and from the Diocese Location health room.
2. No medication will be accepted by the Diocese Location personnel without receipt of a properly completed Medical Authorization Release and Indemnification Agreement.
3. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist.
4. An over-the-counter medication must be in the original container with the name of the medication visible. The Parent/Guardian must label the original container with the following:
 - a. Name of Minor
 - b. Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc)
 - c. Frequency or time interval dosage is to be administered
5. The first dose of any new medication must be given at home.
6. The Parent/Guardian is responsible for submitting a new form to the Diocese Location each time there is a change in the dosage or in the time at which medication is to be taken.
7. Medication kept at the Diocese Location will be stored in a locked area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the Diocese Location activity, the Parent/Guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. The Minor is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parent/Guardian should develop a plan with the Minor to ensure that the Minor goes to the school health room at the appropriate time. Medication can be given no more than one half hour before or after the prescribed time.
10. The Diocese Location does not assume responsibility for authorized medication taken independently by the Minor.



**DIOCESE OF MANCHESTER
REQUEST FOR APPROVAL
TO USE AND POSSESS ASTHMA INHALER**

PLEASE PRINT LEGIBLY

PUPIL NAME _____

DATE _____

PUPIL DOB _____

GRADE _____

FOR COMPLETION BY THE PHYSICIAN*

A.	PUPIL'S NAME		
B.	LICENSED PRESCRIBER NAME, ADDRESS, TELEPHONE NUMBER, AND EMERGENCY NUMBER		
C.	NAME, ROUTE, AND DOSAGE OF MEDICATION	D.	FREQUENCY AND TIMING OF MEDICATION ADMINISTRATION
E.	DATE OF THE ORDER		
F.	DIAGNOSIS AND ANY OTHER MEDICAL CONDITION(S) REQUIRING MEDICATION, IF NOT A VIOLATION OF CONFIDENTIALITY OR IF NOT CONTRARY TO THE REQUEST OF THE PARENT OR GUARDIAN TO KEEP CONFIDENTIAL.		
G.	SPECIFIC RECOMMENDATIONS FOR ADMINISTRATION		
H.	SIDE EFFECTS, CONTRAINDICATIONS, OR ADVERSE REACTIONS		
I.	REQUIRED MEDICATION		
J.	EMERGENCY TELEPHONE NUMBER FOR PARENT OR GUARDIAN.		

This pupil has the knowledge and skills to safely possess and use an asthma inhaler in a school or camp setting.

PHYSICIAN SIGNATURE

DATE

*The term "physician" includes any health care practitioner with the authority to write prescriptions.

FOR COMPLETION BY PARENT/GUARDIAN

I request that my child/ward be allowed to possess and use an asthma inhaler at school/camp or at any school/camp-sponsored activity, event or program. S/He has the knowledge and skills to safely possess and use an asthma inhaler. The treating physician attests to this knowledge and skill.

PARENT/GUARDIAN NAME (PRINT) _____

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____

DATE _____



**DIOCESE OF MANCHESTER
REQUEST FOR APPROVAL
TO USE AND POSSESS EPINEPHRINE AUTO-INJECTOR**

PLEASE PRINT LEGIBLY

PUPIL NAME _____

DATE _____

PUPIL DOB _____

GRADE _____

FOR COMPLETION BY THE PHYSICIAN

A.	PUPIL'S NAME		
B.	LICENSED SUBSCRIBER NAME, ADDRESS, TELEPHONE NUMBER, AND EMERGENCY NUMBER		
C.	NAME, ROUTE, AND DOSAGE OF MEDICATION	D.	FREQUENCY AND TIMING OF MEDICATION ADMINISTRATION
E.	DATE OF THE ORDER		
F.	DIAGNOSIS AND ANY OTHER MEDICAL CONDITION(S) REQUIRING MEDICATION, IF NOT A VIOLATION OF CONFIDENTIALITY OR IF NOT CONTRARY TO THE REQUEST OF THE PARENT OR GUARDIAN TO KEEP CONFIDENT.		
G.	SPECIFIC RECOMMENDATIONS FOR ADMINISTRATION		
H.	SIDE EFFECTS, CONTRAINDICATIONS, OR ADVERSE REACTIONS		
I.	REQUIRED MEDICATION		
J.	ANY SEVERE ADVERSE REACTION THAT MIGHT OCCUR TO ANOTHER PUPIL, TO WHOM THE EPINEPHRINE AUTO-INJECTOR IS NOT PRESCRIBED, SHOULD SUCH A PUPIL RECEIVE A DOSE OF THE MEDICATION.		

This pupil has the knowledge and skills to safely possess and use an epinephrine auto-injector in a school or camp setting.

PHYSICIAN SIGNATURE

DATE

FOR COMPLETION BY PARENT/GUARDIAN

My child/ward has been diagnosed with severe, potentially life-threatening allergies. S/He has the knowledge and skills to safely possess and use an epinephrine auto-injector. The treating physician attests to this knowledge and skill. I request that my child/ward be allowed to possess and use an epinephrine auto-injector at school/camp or at any school/camp-sponsored activity, event or program.

My child/ward is aware that s/he must report to the nurse, or if one is not available, to the school principal or camp administrator immediately after using an epinephrine auto-injector.

PARENT/GUARDIAN NAME (PRINT) _____

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____

DATE _____

FOR SCHOOL/CAMP USE ONLY ----- RECORD OF AUTO-INJECTIONS

DATE	TIME	REASON	PERSON REPORTED TO	TIME REPORTED

COMPLETE AND SIGN AT YELLOW HIGHLIGHTS

Roman Catholic Diocese of Manchester

PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT¹

I, (Child's Name) [redacted], (the "Participant") have voluntarily applied to participate in the St Francis of Assisi Fun in the Sun Camp occurring on or during the period June 17, 2026 to August 21, 2026 (the "Activity") which is sponsored and/or supervised by or taking place at St Francis of Assisi Parish, Litchfield NH (the "Location") and I agree as follows:

Acknowledgments. (1) I am participating in the Activity of my own free will; (2) I understand the nature of the Activity; and (3) I am qualified, in good health, and in proper physical condition to participate in the Activity.

Assumption of Risk. (1) I know that the Activity may present (a) risks of injury or illness (INCLUDING FROM COVID-19) that could result in death and/or (b) risks of loss of or damage to property; and (2) I agree to assume those risks and any other unknown risks; and (3) I accept that the Location, the Roman Catholic Bishop of Manchester, and the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for the costs of any injury, illness, or death or loss of or damage to property resulting, directly or indirectly, from the Activity and I expressly waive any claim for such compensation.

Medical Treatment. In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

(Parent/Guardian) Name: [redacted] Relationship: [redacted] Phone: [redacted]

Waiver and Release. I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge, and agree not to sue the Location, the Roman Catholic Bishop of Manchester, the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Released Parties") for any and all claims, costs, liability, or damages of any injury, illness, death or loss of property resulting, directly or indirectly, from the Activity except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

Indemnity. If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

Promotion. I consent to any photographic images or video or audio recordings taken during the Activity and grant and convey all rights, title, and interest of such images and recordings to the Location.

Severability. This Participant Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

ADDRESS: _____

MINOR RELEASE: (must be completed by Parent/Guardian for a Participant under the age of 18)

I, THE PARENT OR GUARDIAN OF THE PARTICIPANT, HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARENT/GUARDIAN: [redacted]

PARENT/GUARDIAN SIGNATURE: [redacted] DATE: [redacted]

¹This Agreement is required in order to participate in an athletic activity or, where applicable, a third party event at a Location.
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