2026
Camper Leader

Saint Mary's Summer Camp 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:_____ Birthdate _____Sex ___ Age____ Gr. Fall '26 ___
Last First MI

Parent or Guardian (or spouse) _____Cell Phone (___)_____
Home Address_____ Home Phone (___)_____
Street Address City State Zip

Second Parent or Guardian Emergency Contact: _____
Home Address_____ Contact Phone (___)_____
Street Address City State Zip

If not available in an emergency, notify: Name_____
Home Address_____ Contact Phone (___)_____
Street Address City State Zip

Recommendations and Restrictions While At Camp

Any Treatment to be continued at camp_____
Any medication to be administered at camp (specific dosages) _____
_____

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 _____

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

Authorization for treatment

This health history is correct as far as I know, and the person herein described has permission to engage in all camp 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 Saint Mary's Summer Camp 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, St. Mary's 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:_____Date:_____

This form **Must** accompany up-to-date immunization/vaccine record from Doctor's office. Our health/consent and release form **does not** require a doctor's signature.