

Health History:

Please complete this information to the best of your knowledge.

Family Name: _____

Family Doctor: _____ Telephone # : (____) _____

Child's Name: _____

Please check if camper has any of the following and detail below:

____ asthma ____ epilepsy ____ diabetes ____ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

Child's Name: _____

Please check if camper has any of the following and detail below:

____ asthma ____ epilepsy ____ diabetes ____ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

Child's Name: _____

Please check if camper has any of the following and detail below:

____ asthma ____ epilepsy ____ diabetes ____ allergies (food, drug, other)

Details: _____

Does camper take any medications? Yes _____ No _____

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the Our Lady of Fatima Catholic Church Vacation Bible School and all activities unless I advise you in writing. I give permission to Our Lady of Fatima Catholic Church to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Our Lady of Fatima Catholic Church and its officers, servants or assigns from any liability concerning our child's involvement in the Vacation Bible School program and further agree that the use of all Our Lady of Fatima Catholic Church facilities is made at the risk of the registrant. In case of an emergency, I hereby give permission the Our Lady Of Fatima Vacation Bible School Staff to secure proper treatment for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

Parent/Guardian Signature

Date: _____

FOR VBS OFFICE USE ONLY

Amount paid: _____

Method of payment:

____ Check # _____

____ Cash

Received By: _____ Date: _____