

Release/Authorization Form

(PLEASE PRINT)

(Name of Camper) _____ has my permission to attend any field trips associated with the particular camp or camps in which he or she may be enrolled in the St. John's _____ program.

I hereby permit St. John's School to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations and publications.

I hereby certify my child is in good health and may participate in all activities. In an emergency, I give permission for my child to be treated at a local hospital.

Allergic to: _____

Please circle those medications which can be given while on campus:

Tylenol Sudafed Pepto-Bismol Benadryl Robitussin

Doctor's Name: _____ Phone number: _____

Insurance Company: _____

Policy #: _____

OTHER EMERGENCY CONTACTS:

Name: _____

Phone number: _____ Alternate phone number: _____

Name: _____

Phone number: _____ Alternate phone number: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____