



Saint Paul's School Summer Camp 2019

Permission & Emergency Medical Authorization Form

Camper Name: _____ DOB: _____

Parent/Guardian Contact Information

First name	Last name	Phone	Email

Emergency Contact #1

Emergency Contact #2

Name	Name
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Child	Relationship to Child

Alternative Pick-Up #1

Alternative Pick-Up #2

Name	Name
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Child	Relationship to Child

Health Information

Allergies	
Current Medications	
Date of Last DPT or Tetanus Shot	
Permission to administer OTC medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Medical Conditions	
Medical Insurance Company	
Policy #	
Effective Date	
Hospital Preference	

Doctor Information

Family Physician		Office Phone	
Family Dentist		Office Phone	

With the understanding that Saint Paul's School will make every reasonable effort to contact the camper's parents or guardian, and that the effort will continue, and that an emergency may exist requiring immediate medical attention, I, the undersigned, hereby authorize whatever member of Saint Paul's School administration or faculty who has supervision of my child at any given time to take any and all actions he/she deems necessary in the event my child sustains injury or requires any medical attention whatsoever while in the School's care or under its supervision in any related school activity on or off the School's campus, including any field or sport trip that is planned and supervised by the School for the School's 2019 Summer Camp Program. I understand that I will be notified in advance of any planned sport or field trip, the destination, the hours involved, and the mode of transportation. Parent/Guardian hereby releases and holds harmless Saint Paul's School, its agents, employees, volunteers, and trustees (collectively "the School"), from all claims, damages, or other liabilities for any injuries to Student which are not the result of gross negligence by the School. Parent indemnifies the School for any damages or loss caused by Camper or Parent. I assume responsibility for any costs incurred by my child as a result of any accident, illness, or injury, which are not covered by our medical insurance. I hereby give Saint Paul's School permission to use my child's photograph in school publications and/or school publicity. Your signature indicates that the information given is accurate and complete.

Must be notarized

Parent/Guardian Signature: _____ Date: _____

STATE OF FLORIDA – PINELLAS COUNTY

The foregoing instrument was acknowledged before me this _____ day of _____, 2019, by _____

Who is personally known to me or who has produced _____ as identification.

Date: _____ Notary Public State of Florida: _____ My Commission Expires: _____