

Permission & Emergency Medical Authorization (Required **ONLY** for Non-SPS Children)

Campers' Name: _____ Grade: _____ DOB: _____

Address: _____

Mother/Legal Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father/Legal Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Allergies: _____

Permission to administer over-the-counter medications: Yes No

Current Medications: _____

Existing Medical Conditions: _____

Date of last DPT or Tetanus Shot: _____

Medical Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Hospital Preference: _____

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Local Emergency Contact: _____ Phone: _____ Work: _____

Cell: _____ Address: _____

Local Emergency Contact: _____ Phone: _____ Work: _____

Cell: _____ Address: _____

Other Children in Family: 1) _____ Age: _____ 2) _____ Age: _____

3) _____ Age: _____ 4) _____ Age: _____

With the understanding that Saint Paul's School will make every reasonable effort to contact the student'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(ren) 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 2021 Summer Camp Program. I understand that I will be notified in advance of any planned 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 Student or Parent. I assume responsibility for any costs incurred by my child(ren) 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.

Date Parent/Guardian Signature

STATE OF FLORIDA/COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 2021, by _____, who is personally known to me or who has produced _____ as identification.

Date Notary Public, State of Florida My Commission Expires