

Camp Spiritus

Permission Form

I give permission for my son/daughter _____ to participate in the trips below with Sacred Heart Church Camp Spiritus. I give permission to the adult(s) in charge to give medications to him/her and to provide or get emergency treatment for him/her, and I will be financially responsible for any such treatment.

List of Events

Please note that all campers will participate in all the outreach events. Please check all the camp events your camper would like to participate in.

Camp Events:

- Wednesday, 7/26/17 – Earl Reservoir, Woodbury, NY
- Thursday, 7/27/17 – Our Lady of Mt. Carmel Shrine, Middletown, NY

Outreach Events (from 10AM-3PM):

- at Marycrest:** Tuesday, 7/25/17
Wednesday, 7/26/17
- at Chapel:** Wednesday, 7/26/17

Medical Information

Important Medical Information: _____

Allergies: _____

Food Needs to be Cooked Separately

Needs to Eat Separately to Avoid Allergens

Prescription Meds s/he will be Bringing: _____

Self-Administered

Needs Assistance of Adult

If assistance is needed, please explain: _____

Parent(s) Names (Print): _____

Emergency Phone Numbers & Names: _____

Name of other adults who can pick up camper (must be over 21 years old): _____

Parent Signature: _____ Date: _____

Permission to use Photograph/Video

I grant to Sacred Heart Church, its representatives and employees, the right to take photographs and video of my child, _____. I authorize Sacred Heart Church to copyright, use, and publish the images and video in print and or digitally. I am aware that any content used will be seen only on publications, print or digitally, directly associated with Sacred Heart Church and can be done so at any time.

I have read and understand the above:

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____