

St. John Vianney Summer Day Camp 2022
Emergency Information
(One form per Child)

PLEASE PRINT

Camper's Name: _____ **Age:** _____

Primary Physician: _____ **Physician Ph. #:** _____

Hospital Preference: _____ **Insurance Provider:** _____

Particular Health Problems/ Problemas particulares de salud:

Medications taken regularly/ Medicamentos tomados regularmente:

Allergic to: medication, food, etc. / Alérgico a medicamentos, alimentos, etc.

Are there any life issues we should be aware of to better assist your child (behavioral, ADD, ADHD, recent death, divorce, etc.)

In case of an accident or serious illness, I request that the camp contact me. If the camp is unable to contact me, I hereby authorize the camp to call the physician indicated on this form. If it is impossible to contact this physician/dentist, the camp may make whatever necessary arrangements.

En caso de accidente o enfermedad grave, solicito que el campamento me contacte. Si el campamento no puede ponerse en contacto conmigo, por la presente autorizo al campamento a llamar al médico indicado en este formulario. Si es imposible contactar a este médico / dentista, el campamento puede tomar las medidas necesarias.

St. John Vianney Parish/School, St John Vianney Summer Day Camp, and Seminarists at Holy Cross does not assure any financial obligation. By signing this document you are giving us authority to provide the best service possible in an emergency.

La parroquia / escuela St. John Vianney, el campamento de verano de San Juan, y los seminaristas de Santa Cruz no garantizan ninguna obligación financiera. Al firmar este documento, nos está dando la autoridad para proporcionar el mejor servicio posible en una emergencia.

Parent/Legal Guardian's Name: _____
_____ *Print* _____ *Signature* _____ *Date*