



ENROLLMENT/MEDICAL EMERGENCY FORM

The information that is provided by this form is gathered to assist us in identifying the appropriate care for those who attend City Camp or City Camp VBS in case of medical emergency. This form must be completed and signed by Parents and/or Guardians. Those representing camp in an official capacity have the right to refuse any attendees who do not provide this information before or during registration.

Church of the Incarnation
1505 Makefield Road
Morrisville, PA 19067
215-295-2259

PARTICIPANT INFORMATION

Please Print Legibly

Full name _____ Nickname _____

Date of birth _____ Age _____ Grade (Sep 2018) _____ Gender: Female _____ Male _____
Month Day Year

Address _____

City _____ State _____ Zip _____

Email _____ Tel no (____) _____

EMERGENCY CONTACTS

Primary Name _____ Relation _____

Primary Tel No. (____) _____ 2nd Tel No. (____) _____

Secondary Contact Name _____ Tel No. (____) _____

MEDICAL INFORMATION

Name of insured _____ Insurance ID No. _____

Medical Carrier or Plan Name _____ Group No. _____

Carrier Tel No _____

Allergies (food, medication, insects, etc.) _____

Please indicate any other known medical condition that we should be aware of (seizures, diabetes, low blood sugar, heart problems, asthma, etc.):

Please indicate anything else about the participant that camp staff may need to be aware of:

(Please read, complete and sign the Parent/Guardian Authorization on the reverse side of this form.)



PARENT/GUARDIAN AUTHORIZATION

(Required for all youth under 18 years of age)

In the case of a medical emergency, I give permission to have my child to be evaluated and treated by qualified medical personnel. I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary, and to sign any medical forms necessary on my child's behalf. This form is good for one year from the date below and will be kept on file.

Transportation Release: I understand that City Camp programming may include transportation to and from the location of an event or activity. I give permission for my child to be transported by City Camp to and from the activity/event during City Camp programming.

Media Release: In the course of camp activities, media may be used by diocesan staff or City Camp staff. I give the Episcopal Diocese of Pennsylvania and City Camp the right and permission to publish, copyright and use any and all pictures taken of the participant named above. If I do NOT want such images published of my child, I am so indicating by checking this box:

Parent/Guardian Signature

Parent/Guardian Signature

Date