

CAMP OVERBROOK PARENT PERMISSION/REGISTRATION FORM



Please PRINT legibly.

Camper Name (First, Last) _____ Birthdate _____

Address _____ City _____ Zip _____

Parent/guardian _____ Day phone (_____) _____

Evening phone (_____) _____ Cell (_____) _____

Camp Overbrook Dates _____ Parish/Recreation Center _____

Section for Parent Approval (to be completed by parent or guardian)

My child, _____, has my permission to attend Camp Overbrook, St. Charles Seminary, Wynnewood, PA. My signature provides permission for my child's photo to be used in promotional materials.

Emergency Authorization: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for camp use. I also understand and agree to abide with the restrictions placed on camp activities.

Health Insurance Carrier _____ Policy # _____

In case of an emergency, and I cannot be contacted please call:

Name (print) _____ Emergency Phone # _____

Relationship to camper _____

Medicine child now takes: _____ Will child need to take during camp? _____

Health history (past illnesses, surgery, hospitalizations.) Please give approximate dates.

Immunizations (include dates)

Health problems or limitations child has (include asthma, allergies, special diets, etc.) **Please use reverse side for details**

This health history is correct in so far as I know, and the child herein described has permission to engage in all prescribed activities at Camp Overbrook. I give authorization in case of an emergency to medical personnel as selected by Camp Overbrook.

Date _____ Signature of parent/guardian _____

Office use only: Group # _____ Counselors _____