

## Health, Media and Permission Form

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Gaurdian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(day): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone(day): \_\_\_\_\_

Name of parent carrying health insurance: \_\_\_\_\_

S.S. Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Allergies (bee stings, aspirin, hay fever, asthma, food, other): \_\_\_\_\_

\_\_\_\_\_

Physical Limitations (if any): \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

I do hereby grant my permission for the above-named child to participate in Earth Camp at Crown Point Ecology Center in 2004. I assume all risks in connection with the program and release the staff at Crown Point, the Sisters of St. Dominic and all volunteers thereof from all liability.

I hereby give my permission to the medical personnel selected by Crown Point Ecology Center to order X-rays, routine tests, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Crown Point Ecology Center Staff to secure and administer treatment including hospitalization for my child as named-above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Furthermore, I give permission for photos of my child to be used in program promotion unless noted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date