

J. Sterling Morton High School Summer Camp 2017
Parent Permission and Emergency Medical Authorization

CAMP ATTENDING _____

Last Name: _____ **First Name:** _____

Address: _____ **City** _____ **Zip** _____

Sex: M F **ID #:** _____

Campus: East West Freshman Center Jr. High/Elementary (name of school) _____

Birth Date: _____ **Year in School:** 9 10 11 12 Other _____

Home Phone: _____ **Emergency/Cell Phone:** _____

Alternate Emergency Contact: _____ **Relation to student** _____ **Phone:** _____

Alternate Emergency Contact: _____ **Relation to student** _____ **Phone:** _____

Primary Care Physician: _____ **Phone:** _____

Known Allergies: _____

Known Health Conditions: _____

Current Medications your child is taking: _____

Family Physician: _____ **Physician's Phone:** _____

Hospital Affiliation: _____

PERMISSION TO PARTICIPATE IN ATHLETIC PROGRAM AND MEDICAL AUTHORIZATION

My child has permission to participate in the student athletic program. I understand that the school is not liable for any injuries my child may receive by participating in student athletics. I furthermore consent to any treatment deemed necessary by a licensed physician, designated by the person in charge, for any illness or injury resulting from his or her participation in student athletics. Every effort will be made to contact the parent/guardian to explain the nature of the problem prior to any treatment beyond first aid; however, an ambulance call may be placed by MHS staff members, at parent/guardian expense, in the event of a serious injury or other physical distress being clearly observed. I do hereby authorize the physicians at the nearest medical facility to perform procedures that may be necessary for the emergency diagnosis and treatment of this minor child in the event that I am unable to be contacted or unavailable for immediate authorization

Parent/Guardian Signature: _____ **Date** _____