

## Ss. Philip and James Camp Health Form

One Carow Place St. James, NY 11780

631-584-5454/ 631-862-7775

Web [www.sspjyouth.com](http://www.sspjyouth.com) – email [info@sspjyouth.com](mailto:info@sspjyouth.com)

This form may be faxed to (631) 862- 9675

### PLEASE BE SURE TO FILL IN ALL INFORMATION

Weeks (Circle all that apply) 1 2 3 4 5 Will you need (Full Day only) \_\_\_\_\_ Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Grade as of 9/11 \_\_\_\_\_

Camper's Name \_\_\_\_\_ S. S. # \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Dad Business # ( ) \_\_\_\_\_ Mom Business # ( ) \_\_\_\_\_

Dad Cell/ Pager ( ) \_\_\_\_\_ Mom Cell/ Pager ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

Primary Insurance Carrier/Company \_\_\_\_\_ Policy # \_\_\_\_\_ Secondary \_\_\_\_\_ Policy # \_\_\_\_\_

The work address of the parent whose insurance this is: \_\_\_\_\_

Emergency Contact (other than yourself) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

UNDER NO CIRCUMSTANCE IS MY CHILD TO BE RELEASED TO: \_\_\_\_\_  
(Your child will not be released to anyone without your written consent)

I request that my child \_\_\_\_\_ be allowed to attend Sts. Philip and James Day Camp/ Vacation Bible Camp, I also give my child permission to attend Camp SSPJ/ Vacation Bible Camp. Field Trips: Permission is hereby granted to the Director and counselors of Camp SSPJ to take my child on trips outside of camp, as part of the regular camp program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this document, I, the undersigned, hereby give permission for images of my aforementioned minor child, captured during regular and special activities at Camp SSPJ and/or VBC through any means, to be used by Camp SSPJ and/or VBC for promotional purposes in any media whatsoever, without restriction. I consent to such uses and hereby waive all rights to compensation and any right to inspect or approve the finished product image, regardless of format.

The Undersigned being the parent and natural guardian of \_\_\_\_\_, a minor, hereby appoint Elizabeth Pymm, Jaclyn Duddlestone or Frank Brancaccio (Camp Directors), or their Medical Director/Camp Nurse as my attorney - in - fact who is authorized to consent to any and all medical intervention, treatment, or care which, in their sole discretion, is deemed in the best interest of and for my child. We agree to hold harmless any person who provides medical care, treatment or assistance in reliance on the authorization given by this document. We hereby release Camp SSPJ, Sts. Philip and James Youth Ministry, and Sts. Philip and James Church and its employees of any responsibility for any illness or injury incurred by my child while attending Camp SSPJ. I understand that as parent and/or natural guardian, I will remain responsible for the cost of any such care. I specifically intend for this instrument to be implemented and enforceable in the State of New York.

I (we) the undersigned parent, parents or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize treatment of our child by a licensed medical physician in case of accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father or guardian

\_\_\_\_\_  
Mother or guardian

Additional information available at [www.sspjyouth.com](http://www.sspjyouth.com)  
This form may be faxed to (631) 862- 9675 - To the attention of Camp SSPJ

