

MCC Summer Camp
Parental Permission and Health Authorization Form

Please print and use a separate form for each camp. Please bring completed form the first day of camp.

Camper Name _____ Camp Name _____

Parent/Guardian Name _____

Phone Numbers: Home _____ Work _____

Cell _____

PARENTAL CONSENT

I hereby give written permission for my child to attend the aforementioned Summer Camp at Melbourne Central Catholic High School. I understand that there is an inherent risk of injury involved with participation in athletics. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. By granting permission, I also waive any claims against the Diocese of Orlando, Melbourne Central Catholic High School and any of their religious, employees, volunteers, agents and representatives from any harm that occurs to my child while participating in any camp sponsored by Melbourne Central Catholic.

Parent Signature

Date

IN THE EVENT OF AN EMERGENCY

Name (other than parent) _____

Phone Number _____ Relationship to Child _____

Family Physician _____ Physician Phone Number _____

Insurance Company _____ Policy # _____ Group # _____

Allergies, Reactions, Chronic/Acute Illnesses, Restrictions or Other Comments _____

