

Medical Information & Release Form

St. Paul Music Camp, July 25-29, 2022

Camper's First & Last Name:

Does your child have any allergies (including food allergies), chronic illness, or medical conditions? If yes, please describe.

Does your child use a prescribed inhaler? If yes, please explain any instructions.

Informed Consent and Acknowledgement I hereby give my approval for my child's participation in any and all activities prepared by St. Paul United Methodist Church during Music Camp 2022. I also give permission for my child to be photographed during Music Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports and for promotional purposes including flyers, brochures, and on the internet. I understand that although my child's photograph may be used for these purposes, their identity will not be disclosed. All photos are the property of St. Paul UMC.

In case of emergency: In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Home phone: _____ Cell Phone _____

Work Phone: _____