

# Holy Family Summer Conference Housing Medical Waiver

To be completed by legal age participants (18 years of age) parent or guardian, please print clearly, one camper per form

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Member I.D. \_\_\_\_\_

Ability to Swim:

Expert

Average

Beginner

Non-Swimmer

Allergies:

\_\_\_\_\_ Insect Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Poison Ivy

\_\_\_\_\_ Foods (Please list all if applicable) \_\_\_\_\_

\_\_\_\_\_ Medications (Please list all if applicable) \_\_\_\_\_

Please list all medication that is currently being taken:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ understands that at this conference the Holy Family University will not be responsible or be able to provide any medical care for my child/ward. I further understand that Holy Family University will try to aid my child/ward in getting any medical attention needed in case of an emergency, and the Chaperone will take responsibilities for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case of such emergency, however, my child will be treated as best as possible until I or any of the other authorized emergency contacts listed have been contacted. I am the parent, one of the parents or guardian with whom the above child/ward resides and have a legal custody. I assume all risks associated with participation in this event. I, or anyone entitled to act on my behalf, waive and release the Holy Family University including regional, chapter, or other subdivisions thereof, their agents, employees, chaperones, representatives, and successors from all claims or liabilities of any kind arising out of or of my child/ward's participation in this event.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date