

+

**Camp Sacred Heart**  
**Medical Release**

In the case of an emergency, if family cannot be reached, I hereby authorize \_\_\_\_\_ (camper's name) to be treated by another physician or medical facility that is available.

As the parent or the legal guardian of the above-named minor, I hereby give consent for emergency medical care and/or medical treatment prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant. I also give permission for over the counter medications for headaches, stomach upset, insect bites or other minor problems to be administered by the camp nurse.

I understand that neither the Fraternity of St. Peter nor any person associated therewith assumes any responsibility for any accidental injury that may happen to my child while attending Camp Sacred Heart. I agree not to make any attempt to hold the Fraternity of St. Peter, The Catholic Church of St. Stephen or any person associated therewith liable for any such injury.

Name of child's physician: \_\_\_\_\_

Physician's telephone #: (     ) \_\_\_\_\_

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
date