

Camp Siena 2010 Medical Form

My daughter is covered for hospitalization and medical care under policy # _____,
issued by _____ .

Also, it is mandatory that we receive one copy of your insurance card, front and back

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ TELEPHONE # _____

My daughter _____ is 18 years of age or under and I give permission for
_____ to attend Camp Siena as described in the cover letter.

I release and save harmless the Diocese of Jefferson City, its agents and volunteers for any and all liability and any
and all harm that may occur during this event. I do realize my daughter is participating in Camp Siena.

Signature: _____ Date: _____

By checking the line in front of the over-the-counter medication, I give Pud Webb or Julie Clingman permission to
issue the prescribed amount of medication to _____, my daughter:

___ Ibuprophen

___ Pepto-Bismol

___ Tylenol

___ Maalox

___ Cough drops

___ Ointment for sunburn

Signature: _____ Date: _____