St. Thomas Camps Emergency and Medical Information Card
Please Print Clearly- ALL INFORMATION IS REQUIRED

Student's Name: _____
Home Address: _____ City/St.: _____ Zip: _____
Date of Birth: _____ Primary Parent Email: _____
Primary Parent Contact Name: _____Other Parent Contact Name: _____
Cell Ph#: _____ Cell Ph#: _____
Work Ph#: _____ Work Ph#: _____
Home Ph#: _____ Home Ph#: _____
Emergency Contact (Not a parent): _____ Relation: _____
Cell Ph#: _____ Work Ph#: _____ Home Ph#: _____
Family Doctor: _____ Ph#: _____
Insurance Company: _____ Ph#: _____
Policy #: _____ Group #: _____Phone#_____

Allergies (drugs, food, environmental, etc.):
_____

Medical Conditions (ex. Asthma, Diabetes etc.):
_____
Medication Taken Daily or as needed:
_____

I, _____, do hereby authorize the Licensed Athletic Trainer or school representative on my behalf, to consent to any medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury to the above named minor. This consent to treat is intended to cover any illness or injury sustained while participating in any school activity or event, on or off campus, and while traveling to and from the event. I understand that this authorization is given in advance of any specific diagnosis and resulting treatment or hospital care required. This authorization is given to provide the aforesaid agent(s) the power to give specific consent to all such diagnosis and resulting treatment or hospital care deemed advisable by the aforementioned physician/surgeon in the event the parents/guardians or emergency contacts are not able to be reached. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the Licensed Athletic Trainer or school representative upon completion of treatment.

I, _____, do hereby authorize the Licensed Athletic Trainer or school representative to administer the over-the-counter medications, which I have indicated my agreement to, listed below.

If above mentioned student is 18 years of age or older, his signature below suffices for consent to all sections above.

By signing, I agree to all statements contained in this document.

_____ _____
Student Signature **Date**

_____ _____
Parent/Guardian Signature **Date**