



## HEALTH INFORMATION FORM AND RELEASE

Please fill out this form for each child you will be enrolling in the Central Catholic Summer Enrichment Program (BAM).

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

In the event of an emergency, and the parents cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation (relative, neighbor, etc): \_\_\_\_\_

**Health Information** (check where appropriate and explain on back if needed):

- \_\_\_\_\_ No health restrictions
- \_\_\_\_\_ Presently under a doctor's care
- \_\_\_\_\_ Wears eyeglasses or contacts
- \_\_\_\_\_ Physical handicaps or limitations
- \_\_\_\_\_ Allergies to medication, insect bites, pollen, etc.
- \_\_\_\_\_ Special health conditions
- \_\_\_\_\_ Current Medications, please list: \_\_\_\_\_

**Insurance Information**

Health Insurance Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I hereby give my permission for my child to participate fully in the physical activities of the Central Catholic Summer Enrichment Program (BAM), in accordance with the health information contained on this form. Although every effort will be made to reach me in an emergency, I understand there will be an occasion when this is not possible. Under this condition, I give Central Catholic High School permission to seek whatever emergency treatment is appropriate in the case of an illness, accident, etc. Having read the above information, we release Central Catholic High School, the directors and staff of the Central Catholic Summer Enrichment Program (BAM), and all spouses from any and all liability from illness, injuries, and damages suffered as a result of participation in this program or traveling to or from the program.

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

\_\_\_\_\_  
Student Signature