



Medical and Emergency Information Form

Please Complete One for Each Student

Student's Name: _____ DOB _____ Grade _____

Parent/Guardian Name: _____ Phone: _____

Hospital preference in case of emergency: Fairbanks Memorial _____ Ft. Wainwright-Bassett _____

Health Information

Allergies Y N

Medications: _____

Foods: _____

Environmental/Seasonal: _____

Is your child currently taking any medications he or she will need to take *during* camp hours? Y N

If yes, please explain: _____

Other

Special Needs: _____

Disabilities: _____

Secondary Emergency Contact

Name: _____ Phone Number: _____



Photo Permission Form

As a parent or guardian of this student, I hereby consent to the use of photographs taken during the camp for publicity, promotional and/or educational purposes (including publications, the News-Miner, or the school's Facebook page). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Catholic Schools of Fairbanks to photograph my child for school purposes and/or at school events.

No, I do not authorize Catholic Schools of Fairbanks to photograph for my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____