

**Summer S O N and Song**  
**☀ Medical Release Form ☀**  
**July 7-11, 2008**

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_  
a minor, do hereby authorize adult volunteers of Our Lady of Perpetual Help Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Our Lady of Perpetual Help Church, any of its ministries or leaders in the event of an accident during Summer SON and Song Bible Camp.

Date signed \_\_\_\_\_  
Parent/Legal Guardian (print) \_\_\_\_\_  
Parent/Legal Guardian (sign) \_\_\_\_\_  
Emergency Phone \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_  
Policy or Group Number \_\_\_\_\_

If parent/legal guardian is not available in case of an emergency, please contact

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

Please list any allergies. Include medications, foods, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical or special needs, including medications currently being used?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_  
Phone \_\_\_\_\_

☀NOTE: Summer Son & Song is staffed by Volunteers. After receiving your forms, for those Parents whose children have special needs, you will be promptly contacted with more information and to discuss your specific child's needs.