



St. Christopher Camp and Conference Center
 Barrier Island Environmental Education Program
 2810 Seabrook Island Road - Johns Island, SC 29455
 Phone (843) 768-1337 - Fax (843) 768-4729
 Email: barrierisland@stchristopher.org
 Website: www.barrierisland.org



Permission & Medical History Form

General Information		School name:
		Dates Attending:
Participant's Name:	Parent/Guardian Name:	
Home address:	Home phone of parent/guardian:	
	Cell/work phone of parent/guardian:	
	Email:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Emergency Contact Name:	
Date of Birth:	Relationship to participant:	
	Contact numbers:	

Medical History and Related Information

Please list all medical conditions, medications, allergies (food, medicine, other), dietary restrictions and/or special needs (use the back as necessary):	
Seafood/shellfish allergy (circle) YES or NO If yes, can child touch it? YES or NO Can child eat it? YES or NO	
Are participant immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant covered by Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Insured:	Insurance Provider:
Policy/Group Numbers:	

Parental Permission

<p>I understand my child's school/group holds primary responsibility for medical care and administering medications. If school/group personnel are not immediately available, or grant permission, I authorize Barrier Island/St. Christopher staff to render first aid and administer medication for emergencies (for example: antihistamines for allergic reactions, and, if provided, epinephrine for anaphylaxis).</p> <p>If an emergency warrants referral to a licensed physician or medical facility for further evaluation and treatment, an attempt will be made to contact the parent/guardian. If I am not able to be reached, I hereby give permission to the school, Barrier Island/St. Christopher, and the selected physician to secure and administer treatment, including hospitalization. Medical providers will be instructed to send all bills directly to the parent/guardian. This form may be copied as needed to provide medical care.</p> <p>I give permission for my child to participate in all Barrier Island activities (see www.barrierisland.org for full description of all activities), <i>except those noted as restrictions above</i>. Except in cases of gross neglect, I release Barrier Island/St. Christopher/Diocese of South Carolina and all associated board members and staff from any liability which may arise out of the above named participant's attendance at Barrier Island. I consent to photographs and interviews of my child that may be published to illustrate and promote Barrier Island/St. Christopher/Diocese of South Carolina.</p>	
Parent/Guardian Printed Name	Signature (Parent/Guardian)