

# Medical Information & Release Form

St. Paul Music Camp, July 29-31, 2024

Camper's First & Last Name

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**Does your child have any allergies (including food allergies), chronic illness, or medical conditions? If yes, please describe.**

**Does your child use a prescribed inhaler? If yes, please explain any instructions.**

**Informed Consent and Acknowledgement** I hereby give my approval for my child's participation in any and all activities prepared by St. Paul United Methodist Church during Music Camp 2022. I also give permission for my child to be photographed during Music Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports and for promotional purposes including flyers, brochures, and on the internet. I understand that although my child's photograph may be used for these purposes, their identity will not be disclosed. All photos are the property of St. Paul UMC.

**In case of emergency:** In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_