St. Thomas the Apostle School
42 Adams Place • Delmar, NY 12054
518-439-5573 (ph) • 518-478-9773 (fax)

Summer Camp 2017

Medical Consent, Permission and Release Form

Student Name: _____ 2017/18 Grade: _____ Date: _____

I, _____, am the parent or guardian of the above named student. I hereby authorize the employees, representatives and chaperones of St. Thomas the Apostle School Summer Camp, Delmar, NY to obtain emergency medical treatment, should it be necessary during my child's attendance and participation in any of the activities which are held during the 2017 summer camp program. I understand that I will be notified immediately should it become necessary to obtain emergency treatment. In the event of an emergency, I may be reached at:

_____ Home _____ Work _____ Cell

If in the event of an emergency, a representative of St. Thomas the Apostle School is unable to contact me, please contact the following person(s):

_____ Name _____ Relationship _____ Telephone

_____ Name _____ Relationship _____ Telephone

I consent and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Thomas the Apostle School, Church of St. Thomas the Apostle, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participating in this activity.

_____ Signature of Parent/Guardian _____ Date

This section to be completed by the student & parent

As a student of St. Thomas the Apostle School, I understand and agree to follow the rules and regulations as determined by the School, Parish, and Diocese of Albany for this activity. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the activity and that I will be sent home at my own and/or my parent's/guardian's expense.

_____ Student _____ Date _____ Parent/Guardian _____ Date