Camp at St. Francis Catholic High School, Inc.
Parental Consent Form

St. Francis Catholic High School, Inc.
4100 NW 115th Terrace, Gainesville, FL 32606
352-376-6545 www.sfchs.org

All areas of this form must be completed prior to camp participation.

Camper's Name: _____Date of Birth: _____

Guardian's Name: _____Relationship: _____

_____No _____Yes – Allergic reactions (drugs, food, asthma . . . If yes, provide description)
_____

_____No ____Yes – Currently taking any medications? (If yes, provide description)
_____

For and in consideration of the above-named minor child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian or legal representative, on be half of the minor child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Victor G. Galeone, individually, Saint Francis Catholic High School, Inc., and employees and agents of said parties engaged in this particular program, their personal representatives or assigns, from any loss or damage on account of any injury to the person or property of the child, or death, caused by negligence or otherwise, while the student is engaged in the above-stated program or in transportation to and from events under this program. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, not with-standing, continue in full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I/we understand and agree that, prior to the above-named child's participation in a camp at St. Francis Catholic High School, Inc., *I must provide proof of physical examination* of the child by a licensed medical practitioner within twelve (12) month prior to starting date of camp, indicating that the minor child is physically fit and medically cleared to participate.

In the event of illness or injury to the above-named minor child during his/her participation in a camp at SFCHS, Inc. I authorize necessary emergency medical care. My child is covered under an accident and health insurance policy with _____ Insurance Company,
Policy number: _____.

SIGNATURE REQUIRED IN THE PRESENCE OF NOTARY PUBLIC

X_____
Signature of Parent/Guardian

_____
Street Address Emergency phone

_____
Family Physician Emergency phone

STATE OF FLORIDA, COUNTY OF ALACHUA
Before me personally appeared,
_____known to be the persons described and who executed the foregoing information and who acknowledged to and before me that said information is for the purposes described.

_____
Notary Public,
State of Florida at Large

_____
Date **SEAL**