



Vacation Bible Camp
July 6–July 10, 2020
9 am – Noon
St. Clare BASC Room
\$100

*Available to children entering grades PK-5th in the fall, activities for both boys and girls!
Limited number of spaces, register now to save your spot!*

Camper's Name _____ Current grade _____

Address _____

Phone _____

Email _____

Parent/guardian _____ Cell # _____
(Please print)

Parent/guardian _____ Cell # _____
(Please print)

*Please make check payable to St. Clare Parish
(Scholarships available, please email Eve McCarthy at emccarthy@stclarepdx.org)*

Medical Information and Release Form

**Please list two people to be contacted in case of emergency,
OTHER THAN PARENTS.**

Name _____ Home Ph. _____ Cell # _____

Name _____ Home Ph. _____ Cell # _____

Name _____ Home Ph. _____ Cell # _____

In addition to parents child may be released to:

Name _____ Relationship _____ Cell # _____

Name _____ Relationship _____ Cell # _____

Name _____ Relationship _____ Cell # _____

Name _____ Relationship _____ Cell # _____

Emergency Information and Release

In the case of an emergency, I authorize St. Clare Parish representatives to arrange medical treatment at my expense for my child. I understand that efforts will be made to call one of the persons I have designated to be my child's emergency contacts before this action is taken. I authorize attending staff to call an ambulance to transport my child to a hospital if they deem that necessary.

Parent Signature _____ Date _____

Preferred Hospital _____

Medications taken, if any _____

Important Medical Information: Please record any information that you feel is important for us to know about your child such as asthma, heart conditions, bee sting or food allergies, etc.
