

Summer Camp

2026 Pickup Authority

I _____ give the following people the authority to pick my child/ren _____ from Summer Camp.

NAME	RELATIONSHIP TO CHILD
1	
2	
3	
4	
5	

Signature of Parent/
Guardian: _____

Any person not listed on this form will NOT be allowed to pick your child up from Summer Camp unless a new form is filled out or an email is sent to the Summer Camp Director from the parent/guardian with specific instructions. Also, if an approved pickup adult is not recognized by staff, they will be required to present a valid government-issued photo ID at pickup

SAINT JOSEPH SCHOOL

Summer Camp

2026 EMERGENCY DISMISSAL INFORMATION

In an emergency situation, it may become necessary for us to dismiss students prior to the end of the day. Please fill in the following information that will assist us in contacting you should it be necessary. We will attempt to contact you via phone and e-mail. **One per family**

Student Last Name	Student First Name	Birthdate	
Street Address	Town		Zip
Home Phone	Email		
Mother's Name	Cell Phone	Work Phone	
Father's Name	Cell Phone	Work Phone	

In the event that we are not able to reach you or you are not able to pick up your child, please provide the names of two people who we can release your child to and who will assume temporary care.

Name	Relationship
Home Phone	Work Phone
Address	
Name	Relationship
Home Phone	Work Phone
Address	

I give permission to release my child into the custody of the persons named above. _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. _____

sign/date
sign/date

Remarks	
Allergies	
Other Conditions	
Local Physician's Name	Address
Office Phone	Other Phone

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2026 HEALTH HISTORY

One per child

Student Last Name	Student First Name	Birthdate	Age
Male/Female			

PRENATAL / INFANCY

Was child born full term? Y / N	If premature, how many weeks early?	Birth weight
Were there any problems during labor, birth or early infancy? Y / N If yes, please explain		

MEDICAL HISTORY Does your child have allergies? Y / N If yes, please explain

ALLERGIC to:

PLANT	ANIMAL	FOOD	BEE/INSECT	MEDICATION	ENVIRONMENT	OTHER
Type of Reaction:		LOCAL		ANAPHYLACTIC		
Required Response:	EPI-PEN	EPI-PEN JR.	BENADRYL	OTHER		

ILLNESS OR DEVELOPMENT PROBLEMS NONE please check any of the following that the child has:

1. Asthma	7. Convulsions/Seizures	13. Ear Infections	19. Skin
2. Bleeding	8. Cystic Fibrosis	14. Heart Problems	20. Speech
3. Bone / Muscle	9. Cerebral Palsy	15. Hearing	21. Stomach
4. Bowel	10. Dental	16. Meningitis	22. Urinary / Bladder
5. Cancer / Leukemia	11. Diabetes	17. Sickle Cell Anemia	23. Special Diet
6. Attention / Learning	12. Emotional / Behavioral	18. Vision	24. Special Equipment

For those illnesses or developmental problems checked above and any other surgery, hospitalization, injury/accident, family history, or other significant past or present medical problem, please provide additional information. Use the reverse side if needed.

Does your child take **MEDICATION** on a regular basis? Y / N If yes, please list:

Medication	Dose	Time of Day Taken
Medication	Dose	Time of Day Taken

May your child fully participate in recess/physical education? Y / N If no, please explain restrictions

Do you have any other health information regarding your child that the camp should know? Y / N (ex: recent changes in child's life)

Please explain if yes, and use the reverse side if necessary.

Signature _____ Relationship _____ Date _____

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2026 Permission Form

Participant's Name: _____

Please check each box to indicate your permission for the following items and activities:

I give permission for my child to have cheese pizza from Needham House of Pizza.

I give permission for my child to have Lay's Potato Chips.

I give permission for my child to have Fla-Vor-Ice brand ice pops.

I give permission for my child to use Coppertone Kids SPF 50 sunscreen, applied by staff as needed.

I give permission for my child to have Cheerios in the event that a lunch was not sent in from home.

I give permission for photos/videos of my child to be included on Saint Joseph School's social media accounts.

I give permission for my child to enjoy the Kona Ice Truck (Session 5 only).

Signature of Parent/Guardian: _____