



Villa Duchesne School of the Sacred Heart DAY CAMP PERMISSION & HEALTH FORM

Please return completed form by email, mail, or in person the week prior to camp.
10801 Conway Road, St. Louis, MO 63131 | summer@villa1929.org

Registration is not complete until payment has been made in full and your Health and Permission forms have been submitted. Your seat may be forfeited if payment and forms are not submitted at least one week prior to your first scheduled day of programming.

CAMPER's Name: _____ **Date of Birth:** _____

School: _____ **Grade Entering:** _____

Has this camper been to Passport to Summer Day Camps before: YES NO

CAMPS

The undersigned camper (“Camper”) and parent/legal guardian (“Parent”) (collectively, “We”) acknowledge and agree to the following:

Swimming

Passport to Summer Day Camps include daily swimming. Parents are solely responsible for knowing Camper’s swimming abilities and providing personal flotation devices if necessary. Regardless of swimming ability, any Camper age 6 or younger must bring appropriate personal flotation devices in the form of a life jacket and/or “water wings.” Failure to comply will result in Camper’s inability to participate in daily swimming lessons/activities.

Passport to Summer Camp Expectations

Campers and Parents are expected to treat all other Campers with kindness, respect, and compassion; respect the Passport to Summer staff; abide by the requests and directives from the Passport to Summer staff; and respect the buildings and grounds of Villa Duchesne. Campers are expected to be fully toilet-trained and at least three years old by their first day of camp. The School reserves the right to dismiss Campers at the sole discretion of the Director of Summer Programs if it is determined that continued enrollment is no longer in the best interest of the Camper or Passport to Summer. Dismissal will not release or reduce camp fees.

Waiver and Release

In consideration of Villa Duchesne (“the School”) allowing the Camper to participate in these Camps and Trips, We do for ourselves, our heirs, our executors, personal representatives, successors, and assigns, release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless the School and its chaperones, officers, trustees, faculty, staff, representatives, employees, agents, attorneys, successors, and assigns (“Released Parties”) of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the Camper’s participation in the Activity, including the Released Parties’ own negligence.

Acceptance of this waiver does not relieve the School of its obligation to ensure reasonable supervision of all Campers during the time the Campers are under its care.

For good and valuable consideration, the sufficiency of which is hereby acknowledged, We, the undersigned, grant the School the right to publish, reproduce, and display photographic images, video images, and/or audio recordings of the Camper for use in all media, electronic or otherwise, in connection with publications, advertisements and/or webpages of the School. We understand the School may or may not associate the photographic image, video image, or audio recording with the name and/or other biographical information of the Camper. We further acknowledge and agree that We shall have no ownership interest in any informational or advertising material which utilizes, incorporates, or consists of the photographic images, video images, and/or audio recordings or in any copyright embodied therein.

Does your Camper have: <input type="checkbox"/> Asthma/Ex-induced Asthma* <input type="checkbox"/> Seizures**	
Please explain:	
Is your Camper allergic to any foods, medicine, plants, or animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	
If your Camper uses an inhaler, Epi-Pen, or other medical rescue device/medication, please provide one to be kept at camp along with the action plan from your Camper's physician or medical provider.	
In the past six months, has your Camper had any of the following? <i>Please indicate yes or no.</i>	
A surgical operation or fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No	A serious injury requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any restrictions concerning physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been taken to the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above, please explain:	
Prescription medications that are to be administered by Camp staff must be brought to camp in the original package with the Physician's prescription giving directions as to dose and usage. (This is usually attached to the package.)	
Please explain and provide useful information to the adult in charge in relation to any of the above health conditions. Indicate any actions to be taken, if needed:	
Parent's Request for Administration of Nonprescription Medication	
Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Antibiotic Ointment (Neosporin) <input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil/Motrin) <input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion (Calagel/Sting Relief) <input type="checkbox"/> Yes <input type="checkbox"/> No
Diphenhydramine HCL (Benadryl) <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Drops (Refresh Eye Drops) <input type="checkbox"/> Yes <input type="checkbox"/> No
Cetirizine (Zyrtec) <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops/Throat Drops <input type="checkbox"/> Yes <input type="checkbox"/> No
Antacid (Tums) <input type="checkbox"/> Yes <input type="checkbox"/> No	

In the event consent is needed for medical care or for other emergency matters and neither Parent can be reached, the following person is authorized to act on both Parents' behalf.

Name: _____ **Relationship:** _____

Mobile Phone: _____

In signing below, We agree to the above terms and conditions regarding our Camper's medical care as well as the accuracy of our Camper's medical history. We consent to the School's providing or seeking and providing medical treatment for our Camper as needed and when the School cannot contact the above person(s). We further acknowledge that the School may be required under Missouri Law, including but not limited to RSMo. § 210.166, to seek medical treatment for Camper for certain medical conditions and further consent to such medical treatment.

In signing below, We agree to the terms and conditions as outlined in the above form.

Parent/Guardian Signature: _____

Printed Name: _____ **Date:** _____

Email: _____ **Mobile Phone:** _____

Parent/Guardian Signature: _____

Printed Name: _____ **Date:** _____

Email: _____ **Mobile Phone:** _____

Please return completed form no later than the week prior to camp:

- by email: summer@villa1929.org
- by mail: Passport to Summer, Villa Duchesne, 10801 Conway Road, St. Louis, Mo 63131
- in person: drop off at the Lower School Administration Office in the Duchesne Building