

# Camp Maccabee 2009

## Medical Form

My son is covered for hospitalization and medical care under policy # \_\_\_\_\_,  
issued by \_\_\_\_\_.

**Also, it is mandatory that we receive one copy of your insurance card, front and back.**

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

My son \_\_\_\_\_ is 18 years of age or under and I give permission for  
\_\_\_\_\_ to attend Camp Maccabee as described in the cover letter.

I release and save harmless the Diocese of Jefferson City, its agents and volunteers for any and all liability and any and all harm that may occur during this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking the line in front of the over-the-counter medication, I give Rev. Bill Peckman or Rev. Joseph Corel permission to issue the prescribed amount of medication to \_\_\_\_\_, my son:

\_\_\_ Ibuprophen

\_\_\_ Pepto-Bismol

\_\_\_ Tylenol

\_\_\_ Maalox

\_\_\_ Cough drops

Signature: \_\_\_\_\_ Date: \_\_\_\_\_