

**St. Patrick's Episcopal Church**  
**Vacation Bible School 2017**  
**Crew Emergency Form**

Crew Emergency Form

**Crew's Name:** \_\_\_\_\_

**Contact Information:**

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent (if under 18): \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

In Case of Emergency, notify: \_\_\_\_\_

**Medical Information:** Continued on back of page.

Allergies:  I have no known allergies OR  I have the following allergies:

Food  Medicine  Environmental (insect stings, hay fever, etc)  Other \_\_\_\_\_

Please describe allergy and reaction: \_\_\_\_\_

Will you be bringing an epi-pen to VBS? \_\_\_\_\_ *An additional form may be necessary.*

I do not eat:  Nuts  Meat  Dairy  Seafood  Eggs  Gluten  Other

Please give additional information for our snack team. \_\_\_\_\_

I have restrictions placed upon my activity, or are there any special considerations for my mobility?  
 \_\_\_\_\_

**Emergency Transportation Authorization:**

|  |  |   |
|--|--|---|
| In case of medical emergency, I understand that every effort will be made to contact the emergency contact. In event he/she cannot be reached, I hereby <b>give permission</b> to the dentist or physician designated by the staff to hospitalize, secure proper treatment and/or to order an injection, anesthesia, or necessary surgery. | <b>OR</b><br><br><b>Do not sign both</b> | <i>I do not give permission</i> for St. Patrick's to transport me in the event of an illness of injury which requires emergency treatment. I wish for the following action to be taken: |
| Signature _____ Date: _____  |  | Signature _____ Date: _____   |

\* Please continue on next page. \*

Crew's Name: \_\_\_\_\_

\* All emergency forms are confidential and held only by the VBS nurse and Registrar.\*

**Optional Health Information:** to be referenced in case of emergency.

|  |   |
|--|---|
| <b>General Health History:</b> Please check "Yes" or "No" for each statement. Explain "Yes" answers.<br>Have/ do you:  |   |
| 1. Have recurrent/ chronic illnesses? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 2. Had a recent injury or illness that may interfere with activities? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 3. Had asthma/ wheezing/shortness of breath? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 4. Have diabetes? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 5. Had seizures? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 6. Passed out/had chest pain during exercise? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 7. Ever had back/ joint problems? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 8. Up to date with immunizations? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No   Date of last tetanus shot. _____ |
| 9. Are there any medications that need to be administered during VBS hours? If so, please provide a prescription. .... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Is there anything else you want the VBS team to know about your so we can give you the best VBS experience?            |   |
|  |   |

|  |
|--|
| <b>Mental, Emotional, and Social Health:</b><br><i>Please explain, in the space below, any mental, emotional, and social health concerns that may impact your participation.</i> |
|  |

*St. Patrick's VBS nurse practitioner may contact you for additional information that may help you enjoy success at VBS.*

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**Photography Release:** I give permission and consent to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by St. Patrick's Episcopal Church to illustrate and promote the camp experience.

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

\_\_\_\_\_  
Parent/ Guardian (if under 18) Date