

Creighton Preparatory School
CAMP MAGIS 2010
July 11th-July 15th
7400 Western Avenue, Omaha NE 68114 – (402) 393-1190

STUDENT INFORMATION AND CONSENT FORM
TO BE COMPLETED BY PARENTS

Please complete and return both forms with \$125 check made payable to Creighton Prep

STUDENT'S NAME: _____

PARENTS' or GUARDIANS'
NAMES: _____

CELL PHONE#: (Area Code) _____ - _____ - _____

WORK OR DAYTIME PHONE#: (Area Code) _____ - _____ - _____

PHYSICIAN'S NAME: _____

PHYSICIANS PHONE #: (Area Code) _____ - _____ - _____

NAME AND TELEPHONE NUMBER OF PERSON TO BE CALLED IN EMERGENCY
(in case parents cannot be reached): _____

PHONE #: (Area Code) _____ - _____ - _____

HEALTH HISTORY

Does your child have allergies? Yes _____ No _____

To what? _____

Describe allergic reaction: _____

Any special problems of which we should be aware? _____

Are there any sports activities in which he cannot participate? Yes _____ No _____

If yes, please describe: _____

In the event that my consent is not readily obtainable, permission is hereby given to the officials of Creighton Preparatory School to authorize such medical treatment, including an emergency operation, as they may be advised is necessary for my son. I realize that the financial responsibility for such treatment or surgery is mine.

(Parent's Signature)

(Date)