



# A Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment of my child by a qualified and licensed physician for any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of child \_\_\_\_\_

Relationship to you \_\_\_\_\_

Reason for which release is intended:

**For attendance at Dominican Faith Camp, July 9-11, 2017**

Address of minor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone (s) \_\_\_\_\_

Family Physician \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Family Physician Address & City \_\_\_\_\_

List allergies, medication, contact or other pertinent comments:

(over)

Please send form to:

Sister Teresa Marron - 1237 West Monroe St. Springfield, IL 62704

Questions? Contact Sr. Teresa Marron: [srteresa@spdom.org](mailto:srteresa@spdom.org) - 708.207.1874

[www.springfieldop.org](http://www.springfieldop.org)

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Treatment Release Form Page 2



**Health Insurance Data**

Company \_\_\_\_\_

Policy \_\_\_\_\_

Group \_\_\_\_\_

Contract \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date \_\_\_\_\_  
\_\_\_\_\_  
Parent or guardian

Please send form to:  
Sister Teresa Marron - 1237 West Monroe St. Springfield, IL 62704  
Questions? Contact Sr. Teresa Marron: [srteresa@spdom.org](mailto:srteresa@spdom.org) - 708.207.1874  
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Dominican Sisters of Springfield, Illinois  
1237 W. Monroe Street  
Springfield, IL 62704  
217.787.0481

## **Photo Release Form for Minor**

I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_  
(the minor), hereby consent and agree: (i) that the photographs, auto/video/videotapes, electronic images and/or other works in which minor appears or is depicted or on which minor's voice has been recorded or which minor authored or created and the negatives and other materials from which the aforesaid has been printed (collectively the "work") may be used by the Dominican Sisters of Springfield, Illinois, their affiliates assignees and successors without limitation and hereby assign and convey to the Dominican Sisters all my minor's right, title, and interest in and to the aforesaid work, including the right to make derivative uses of the work and to obtain a copyright therein; (ii) that the Dominican Sisters have the right to make any and all uses of the work in whatever way and for whatever purpose that they desire, in any and all medium in the United States and throughout the world, including, but not limited to sale, promotion, distribution, reproduction, publication and advertisement via television, radio, the Internet and all other electronic medium, free and clear of any and all claims whatsoever on my part or on the part of minor; and (iii) that the Dominican Sisters are hereby released from any and all claims and damages that I or minor have or may come to have relating to the work and use thereof.

Name of Child (Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please send form to:  
Sister Teresa Marron - 1237 West Monroe St. Springfield, IL 62704  
Questions? Contact Sr. Teresa Marron: [srteresa@spdom.org](mailto:srteresa@spdom.org) - 708.207.1874  
[www.springfieldop.org](http://www.springfieldop.org)

# Dominican Faith Camp Registration Form



Registration Fee - \$50  
Payable to Dominican Sisters of Springfield, Illinois

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

Parish \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

E-mail Address \_\_\_\_\_

Room preference:

\_\_\_\_\_ I would like to share a room with: \_\_\_\_\_  
Name

\_\_\_\_\_ I would like to have a room to myself.

You will be receiving a free T-shirt with the camp symbol on it.  
Please indicate the size you would like:

**Adult Size:**      Small      Medium      Large      Extra Large

Please send form and registration fee  
(\$50 payable to Dominican Sisters of Springfield, Illinois) to:  
Sister Teresa Marron - 1237 West Monroe St. Springfield, IL 62704  
Questions? Contact Sister Teresa Marron - [srteresa@spdom.org](mailto:srteresa@spdom.org) - 708.207.1874  
Website: [www.springfieldop.org](http://www.springfieldop.org)



# Parental Permission Form for Participation

**Dominican Faith Camp  
Sacred Heart Convent**

**3:00 pm Sunday, July 9 to 7:00 pm Tuesday, July 11 2017**

**1237 W. Monroe; Springfield, IL 62704**

**Cost: \$50**

## **Statement of Consent**

I hereby consent to participation by my child \_\_\_\_\_  
in the event described above scheduled for July 9-11, 2016.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Dominican Sisters of Springfield, IL and all affiliated organizations, its/their employees, agents, representatives and volunteers from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my daughter's participation in this event.

I authorize the Dominican Sisters of Springfield, IL to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

During this event, I can be reached at this phone number: \_\_\_\_\_

I certify that I am the (check one): \_\_\_\_\_ custodial parent or \_\_\_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and my minor child.

\_\_\_\_\_  
Print parent's name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Please send form to:

Sister Loyola Miller - 1237 West Monroe St. Springfield, IL 62704

Questions? Contact Sr. Teresa Marron: [srteresa@spdom.org](mailto:srteresa@spdom.org) - 708.207.1874

[www.springfieldop.org](http://www.springfieldop.org)