

St. Ann Catholic School STREAM Summer Camps 2021

6529 Stage Rd. Bartlett, TN 38134

We have designed our camps with the commitment to keep our campers and staff safe and healthy during the Covid-19 pandemic. We are closely monitoring the situation and making decisions based on the CDC and CDOM recommendations.

If the camps are cancelled due to Covid-19, families will receive a full refund. All campers and leaders are required to wear masks and social-distance in accordance with current guidelines.

Tell us what you're interested in:

Camp name: _____
Camp date: _____
Camp leader: _____

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Camp date: _____
Camp leader: _____

Camp Payment

Checks should be made payable to the individual camp leader, *not to St. Ann School*. In order to hold your child's spot, payment is required when you submit your registration form. Payments are non-refundable. However, in the event that a camp is cancelled due to Covid-19, a full refund will be given.

Registration and medical forms are available in the school office or on our website at www.sascolts.org. Each camp is run by a different person, so please see the contact information if you have questions.

Child's Full Name _____

Nickname _____

Male ___ Female ___

Grade (2020-2021) _____

If parents are divorced, separated, etc., who has custody of the child? _____
(Legal papers **MUST** be on file with us to enforce)

Child's address _____
(PHYSICAL address, **NOT** P.O. BOX)

**Mother's
Name** _____

home
address _____

city _____ zip code _____ home phone _____

Email address

place of employment _____

***work phone** _____ ***cell phone** _____

**Father's
Name** _____

home
address _____

city _____ zip code _____ home phone _____

Email address

place of employment _____

***work phone** _____ ***cell phone** _____

List those, OTHER THAN PARENTS, to whom your child may be released:

Emergency Contact Person- MANDATORY

Person, OTHER THAN PARENTS, to call in an emergency when parents cannot be reached.
This person must be someone who can pick your child up for you within thirty minutes and
CANNOT LIVE OUT-OF-STATE.

Name _____
phone _____

PERMISSIONS / RELEASE

1. I hereby authorize St. Ann staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have completed the application and emergency information is up-to-date.
3. I release St. Ann from all liabilities of all sponsored activities of the program.

PARENTAL SIGNATURE _____ **Date** _____

Office use only:

Payment total: _____

_____ cash _____ check # _____

Received by : _____

Date: _____

Medical Information

Covid-19 Information:

Not feeling well?

If your child has had a fever in the last 48 hours or is experience coughing, sore throat, shortness of breath, vomiting, or diarrhea, please do not come to camp.

- ✓ Campers and staff will be screened daily with temperature checks.
- ✓ Camp areas will be modified for social distancing of six feet.
- ✓ Cleaning and disinfecting will take place during and after each camp. We will limit moving back and forth between each camper's work station and the supply area
- ✓ Sanitizing stations will be provided. Campers will wash their hands before and after camps, and during when required.
- ✓ Camp leaders will review respiratory etiquette for coughing, sneezing, and nose blowing. Campers will be reminded to wash their hands.
- ✓ Water fountains will not be accessible.
- ✓ Campers must provide their own water bottles and snacks.
- ✓ **Campers will be required to wear masks.**
- ✓ Door and windows will be kept open to improve ventilation, where possible and when in compliance with fire code and security.

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication: if so, what and why? _____

2. List **ALL** allergies, including bee/insect stings:

4. Does your child have a seizure condition, severe headaches/migraines, asthma or respiratory problem, or any other medical problems that we should be aware of? Any treatments or medications needed?

5. Are there any restrictions to physical activities? If so, please explain. _____

Child's physician _____ Phone number _____

Physician's address_____

Dentist_____ Phone number_____

Medical Insurance Co._____

Address_____

Policy#_____

Emergency Numbers: Mom_____ Dad_____

1. I hereby authorize SAS staff to act on my behalf in seeking and approving emergency medical treatment.
2. I give my permission for SAS staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments: _____

Parental Signature_____ **Date**_____