

***Bishop Dunne Catholic School***  
**2010 Athletic Summer Camps**

***MEDICAL RELEASE***

I certify that my child has been examined by a physician and found to be in good health and able to compete in this camp without restriction. Furthermore, I authorize the directors of the Bishop Dunne Catholic School Summer Camps to act for me according to their best judgment in an emergency requiring medical attention if I cannot be reached. I hereby release the Bishop Dunne Catholic School Summer Camps Staff, Bishop Dunne Catholic School, and the Diocese of Dallas from all claims in case of injury or illness to my child while attending the camp.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

Please sign and return to:

Bishop Dunne Catholic School  
3900 Rugged Drive  
Dallas, TX 75224