

Catalina Island Camps  
**Family Camp Consent Form 2017**

This form is to be completed by the parent/guardian of any minor who is attending family camp with another family or chaperone.

**Attention to Parents and Guardians!!** This form will be used by the camp, and medical professionals in the event of an emergency. Please take the time to fill it out thoroughly and completely. Use the back of this sheet and/or additional sheets as needed. Thank you!

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Phone Numbers (Parents/Guardian)**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact** (in case neither guardian is available)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Important Health Information:**

For the following categories, please describe the camper's medical history, restrictions, treatment, or special accommodations required on site.

Allergies (food, medication, bee stings, etc): \_\_\_\_\_

\_\_\_\_\_

Physical restrictions (injuries, disabilities, etc): \_\_\_\_\_

\_\_\_\_\_

Social/Behavioral (ADD, ADHD, ODD, phobias, anxiety, etc): \_\_\_\_\_

\_\_\_\_\_

Other medical conditions (diabetes, asthma, heart conditions, etc): \_\_\_\_\_

\_\_\_\_\_

Dietary restrictions (vegetarian, allergies etc.): \_\_\_\_\_

\_\_\_\_\_

Medication taken (prescription and over-the-counter): \_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Name of Your Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Authorization**

The information on this form is correct and complete as far as I know. I hereby give permission to the personnel at CIC to provide routine health care and seek emergency treatment for my child, which may include administering non-prescription medication under the supervision of the group leader, ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child and to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand there are risks associated with the CIC program, and grant permission for the students to participate in all camp activities, except as noted. I release Catalina Island Camps, Inc. and their employees from liability and accept and assume full risk and responsibility for injury and illness resulting from the student's participation. I give permission for CIC to use any photos or video taken of my child in their promotional material.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**This form will be kept on file at Catalina Island Camps**