

Catalina Island Camps
Family Camp Consent Form

**This form is to be completed by the parent/guardian of any minor attending family camp with another family or chaperone.
This form will be kept on file at Catalina Island Camps**

Attention to Parents and Guardians This form will be used by Catalina Island Camps and medical professionals in the event of an emergency necessitating medical attention. 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 _____ Phone _____

City, State, Zip Code _____

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. Please include all pertinent medical information and history, so that such may be provided and/or utilized in case of emergency or necessitation of medical attention.

Allergies (food, medication, bee stings, etc): _____

Physical restrictions (injuries, disabilities, etc): _____

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

Other medical conditions Catalina Island Camps should be aware about: (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 contained on this form is correct and complete. I hereby give permission to CIC personnel, upon necessity, to provide necessary 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 the rendering of medical treatment or insurance purposes. In the event I cannot be reached in an emergency or any situation requiring medical attention, 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 my camper named above to participate in all camp activities, except as noted. I release Catalina Island Camps, Inc. and their employees from liability, financial responsibility and accept and assume full risk and responsibility for injury and illness resulting from the my camper'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 _____