

Catalina Environmental Leadership Program

**Chaperone Health Form**

This form will be used by medical professionals in the event of an emergency.  
Please take the time to fill it out thoroughly and completely.

School Name: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Emergency Contacts**

Name/relation: \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name/relation: \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Important Health Information:**

For the following categories, please describe pertinent medical history and any restrictions, treatment, or special accommodations required on site. Use the back of this sheet as needed.

Food Allergy/Dietary restrictions (vegetarian, kosher, etc.) Complete this [online form](#) and list here: \_\_\_\_\_

Allergies (environmental, medication, bee stings, etc.): \_\_\_\_\_

Reactions: \_\_\_\_\_

Treatment: \_\_\_\_\_

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

Social/Behavioral (phobias, anxiety, etc.): \_\_\_\_\_  
\_\_\_\_\_

Any medication currently taken (prescribed & over-the-counter): \_\_\_\_\_  
\_\_\_\_\_

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

**Insurance Information**

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

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

**Authorization**

The information on this form is correct and complete as far as I know. The person herein described has permission to engage in all CELP activities except as noted. I hereby give permission to the personnel at CELP to provide routine health care and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation. In the event I am unable to provide consent in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization for myself.

Signature: \_\_\_\_\_

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

**This form will be scanned and kept on file at CELP**

**[Adult] Chaperone Waiver, Release, Indemnification of All Claims & Covenant Not to Sue and COVID-19 Notice**

**Acknowledgment of Risk** \_\_\_\_\_ Initial

I hereby acknowledge and agree that participation in Catalina Island Camps, Inc. comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Catalina Island Camps, Inc.'s participation, including but in no way limited to illness, including exposure to and infection with viruses or bacteria.

**Coronavirus / COVID-19 Warning & Disclaimer** \_\_\_\_\_ Initial

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Catalina Island Camps, Inc. or accessing Catalina Island Camps, Inc. facilities could increase the risk of contracting COVID-19.** Catalina Island Camps, Inc. in no way warrants that COVID-19 infection will not occur through participation in Catalina Island Camps, Inc. or accessing Catalina Island Camps, Inc. Facilities.

I agree to abide by all CDC, federal, county, state and local regulations and recommendations concerning COVID-19 as well as any policies that Catalina Island Camps, Inc. may adopt. Without limiting the foregoing, I agree I will not come to camp if I, or anyone in my household, has displayed a fever or any other symptoms of COVID-19 within the past 72 hours or if fewer than ten days have passed since his or her symptoms first appeared. I agree that if I have tested positive for COVID-19 then I will not attend Catalina Island Camps, Inc. until I have received two negative tests in a row, at least 24 hours apart.

**Waiver, Release, & Covenant Not to Sue** \_\_\_\_\_ Initial

In consideration of my participation in Catalina Island Camps, Inc., I agree to release and on behalf of myself and my representatives, executors, administrators, and assigns, HEREBY DO RELEASE Catalina Island Camps, inc. its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Catalina Island Camps, Inc. on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Catalina Island Camps, Inc. facilities/equipment, employment by Catalina Island Camps, Inc., or participation in Catalina Island Camps, Inc. whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees and claims related to exposure to COVID-19. This waiver and release does not extend to claims for gross negligence, intentional or reckless misconduct, or any other liabilities that California law does not permit to be released by this agreement.

I understand that by signing this release, I am waiving any and all claims of any kind arising out of or attributable to my participation in Catalina Island Camps, Inc., including those claims that may be unknown to me, or which I do not suspect to exist at this time. WITH THE INTENTION OF WAIVING ALL UNKNOWN AND UNSUSPECTED CLAIMS, I HEREBY EXPRESSLY WAIVE ALL RIGHTS, BENEFITS, AND PROTECTIONS I MAY HAVE UNDER CALIFORNIA CIVIL CODE SECTION 1542, WHICH READS AS FOLLOWS:

**A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.**

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Catalina Island Camps, Inc. participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Catalina Island Camps, Inc. and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I have no conditions or impairments which would preclude my safe participation in Catalina Island Camps, Inc.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Adult Chaperone Name (Print Clearly)

\_\_\_\_\_  
Adult Chaperone Signature

\_\_\_\_\_  
Date