

Student Health Form

Attention to Parents and Guardians!! This form will be used by the camp, school, 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 as needed. Thank you!

School Name: _____

Student Name: _____ Pronouns: _____ Birth Date: _____

Street Address: _____ City, State, Zip Code: _____

Emergency Contacts

Guardian Name _____ Relation _____ Phone _____

Guardian Name _____ Relation _____ Phone _____

Emergency Contact if Guardian not available:

Name _____ Relation _____ Phone _____

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 (ADD, ADHD, ODD, 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 # _____

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 CELP 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 CELP 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 CELP to use any photos or video taken of my child in their promotional material.

Parent/Guardian Signature _____

Printed Name: _____ Date: _____

This form will be scanned and kept on file at CELP

**[Minor] Student Waiver, Release, Indemnification of All Claims & Covenant Not to Sue and COVID-19
Notice Acknowledgment of Risk**

____ Initial

I, in my individual capacity and my legal capacity as the parent/guardian of the minor named below, do 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. 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 mean 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. programs or accessing facilities.

I agree that 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 that the minor named below will not come to camp if they, or anyone in their household, have displayed a fever or any other symptoms of COVID-19 within the past 72 hours or if fewer than ten days have passed since their symptoms first appeared. I agree that if the minor named below has tested positive for COVID-19 then they will not attend **Catalina Island Camps, Inc.** until they have received two negative tests in a row, at least 24 hours apart.

Waiver, Release, & Covenant Not to Sue

____ Initial

In consideration of the minor named below's participation in Catalina Island Camps, Inc., I, the parent/guardian of the minor named below, agree to release and on behalf of myself and the minor named below, our heirs, 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, the named minor, 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 or participation in Catalina Island Camps, Inc. programs 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 the minor named below's 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 on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Catalina Island Camps, Inc. participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Catalina Island Camps, Inc. and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor has no conditions or impairments which would preclude their 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, and that I have legal capacity to act as the parent/guardian of the named minor. 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.

Student Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)