

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. 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. or accessing Catalina Island Camps, Inc. 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 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 on 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)

Date