

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: _____ 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 original form will be kept on file at CELP