

Medical Release

The Catalina Experience™ at White's Landing

CAMPER APPLICATION-MEDICAL FORM CAMPER INFORMATION (COMPLETE IN FULL)

GROUP NAME: _____

Dates of Camp Trip: _____

Student's Last Name _____ First _____ Middle Initial _____ Male Female

Street Address (Home) _____

City _____ State _____ Zip Code _____ Home phone _____

Parent or Guardian _____

Street Address (Work) _____

City _____ State _____ Zip Code _____ Work Phone _____

Emergency Contact other than Parent _____

Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Relationship _____

Name of Your Insurance Company _____ Policy Number _____

Address of Insurance Company _____ Phone Number _____

Family Physician _____ Phone Number _____

Student Age _____ Height _____ Weight _____

Check all applicable conditions of student and explain below

- Allergies (General)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Car/sea sickness
- Epilepsy or convulsive disorder
- Food Related Allergies
- Hay fever
- Headache
- Heart trouble or murmur
- Poison Oak
- Respiratory problems
- Sinus trouble
- Sleep Walking
- Vomiting
- Vegetarian
- Diabetes
- Other

Explain:

Is camper capable of participating in strenuous activities? YES NO

Explain:

Any other Important medical needs? YES NO

Explain:

Date of last Tetanus:

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Is the camper required to take regular medication: YES NO (all medications are administered by the chaperones for the student's own school)

Please provide instructions (dose) for administration of medication:

YES	NO	YES	NO
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Medical Consent

The camper's medical conditions stated on this application are complete and correct. I hereby give permission to The Catalina Experience (TCX) personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by TCX camp personnel to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

Parental Authorization

I have been informed of the nature of the TCX program in which the camper is enrolled. I understand that there are risks associated with the camper's participation in the program activities generally described in the parent information pamphlet and transportation to and from the camp, which pose a threat of injury, illness, or death. The undersigned is familiar with outdoor sports and activities and the camper's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair or increase the risk involved in the camper's participation in TCX activities.

With this knowledge, I grant permission for the camper to participate in all camp activities and on behalf of the undersigned and the camper I accept and assume the risk and full responsibility or injury, illness, death or loss of personal property or other damage, and medical or other expense resulting from the camper's presence at TCX.

I here by release and discharge The Catalina Experience, and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the camper's travel to or from TCX and participation in the program.

I agree to direct the camper to comply with all TCX rules and policies and to cooperate with TCX personnel. I understand and agree that if the camper fails to comply with the rules and policies, he or she may be expelled from TCX and sent home at my, the parent or legal guardian's expense. I also authorize the use of photos taken of my child by TCX in their promotional literature.

DATE: _____ SIGNATURE: _____
Parent or legal Guardian

**Note: Please attach a copy of the front and back of the applicable insurance card to this form **

Rules for acceptance and participation in The Catalina Experience programs are the same for everyone without regard to race, color, national origin, sex or handicap.