

Catalina Environmental Leadership Program

Health Form

School _____

Student's Name _____

Birth Date _____

Street Address _____

City, State, Zip Code _____

Phone _____

Emergency Phone Numbers

Mother's Name _____

Work Phone _____

Father's Name _____

Work Phone _____

Emergency Contact (in case neither parent is available)

Name _____ Relation _____

Phone _____

Important Health Information

Please list any known allergies or health conditions requiring treatment, restriction or other accommodation while on site:

Please list any food restrictions:

Please list any medications taken regularly by the student:

Name of Medication

Dosage

Time Given

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. 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 for my child.

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.

Signature of Parent/Guardian _____

Printed Name _____

Date _____