

# Camp Los Encinos Camper Information Form

17100 Ventura Blvd, Encino, CA 91316

<b>Name (Last):</b>	<b>Name (First):</b>	<b>Birthday:</b>	<b>Grade:</b>
<b>Child's address 1:</b>	<b>City, State, Zip:</b>		
<b>Parent/Guardian 1:</b>	<b>Home Ph 1:</b>		
	<b>email:</b>		
<b>Work 1:</b>	<b>Cell 1:</b>		
<b>Parent/Guardian 2:</b>	<b>email:</b>		
<b>Work 2:</b>	<b>Cell 2:</b>		

**SECURITY:** The following people are authorized to pick up my/our child either on a regular basis, or in the case of an emergency. I/we also authorize them to be called if parents cannot be reached:

<b>Name:</b>	<b>Phone 1:</b>	<b>Phone 2:</b>	<b>Phone 3:</b>	<b>Address:</b>
1.				
2.				
3.				

**MAJOR EMERGENCY OUT OF STATE CONTACT:**

Name:  
Phone:  
Address:

**FIELD TRIP INFORMATION:** My/Our Child has permission to participate in all field trips organized by Camp Los Encinos during the summer of 2017. I agree to direct my child to cooperate with and conform to directions and instructions given by Los Encinos personnel in charge of this activity. In the event of an emergency either on school property or on a school - sponsored trip, when unable to reach me or my physician, I authorize Camp Los Encinos/Los Encinos School to obtain any emergency or medical or surgical treatment for my child if and when necessary.

**Signature Parent/guardian 1:**

**Signature Parent/guardian 2:**

**MEDICAL INFORMATION:**

**Child's Doctor:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Med Alert:**

**Please list any allergies or medical alerts:**

**Please list any prescription or other medication your child is required to take during school hours:**

**First Aid Authorization and Consent**

For emergency medical treatment for minors / Pursuant to California Civil Code Section 25.8

I/We the undersigned parent(s)/Guardians of the above named child do hereby authorize the teachers, administrators, adult leaders or any other agents of Camp Los Encinos or Los Encinos School to administer the following first aid procedures as needed:

I do hereby authorize the Camp/School staff to render simple First Aid to my child as needed: Yes \_\_\_ No \_\_\_

I do hereby authorize Camp/School staff to dispense acetaminophen to my child as needed: I do Yes \_\_\_ No \_\_\_

hereby authorize Camp/School staff to dispense ibuprofen to my child as needed: Yes \_\_\_ No \_\_\_

I/We the undersigned parent(s) or guardians of the above named minor child do hereby authorize the adult leaders, teachers, administrators, or other proper agents of Camp Los Encinos/ Los Encinos School to act as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above named minor child which is deemed advisable and to be rendered under the general or special supervision of any Dentist, Physician and/or Surgeon licensed under the Provision of Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said Dentist, Physician and/or Surgeon, at a hospital, school grounds, day-camp or elsewhere. This authorization will remain effective while the below minor is en route to or from, or involved or participating in any school program, camp program or activity unless revoked in writing by the undersigned and delivered to the aforesaid agent. In no event will Los Encinos School, it's officers, teachers, administrators, adult leaders or agents be held liable for any first aid, surgical treatment or procedures pursuant to this consent.

**Signature Parent/guardian 1:**

**Signature Parent/guardian 2:**

**Date:**