



AUTHORIZATION & RELEASE FOR ALL 2009 SUMMER PROGRAMS

Required for EACH CHILD attending a Camp Tawonga program

CAMPER NAME (FIRST & LAST) _____ DOB _____ SESSION NAME _____

ACKNOWLEDGEMENT OF RISK

Camp Tawonga has taken reasonable steps to create a physically and emotionally safe environment for all program participants so each camper can enjoy the overnight camp experience. Camp Tawonga has also informed me that participation is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. Camp Tawonga does not want reduce our enthusiasm for the camping experience, but believes it is important for us to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those activities and resulting risks.

The camping experience involves activities, including but not limited to backpacking, hiking, swimming (in pool, lakes, rivers, and other natural bodies of water), challenge ropes course and other wilderness experiences; transport in camp-designated vehicles to and from camp for programs and off-site trips; group living arrangements and social interactions that may be new or unfamiliar to my child. Camp Tawonga is located in a mountainous, remote setting with varying weather conditions, plants, wildlife, insects and rugged terrain where access to advanced medical care can be delayed. The above activities and conditions, as well as others not mentioned, can result in personal illness, bodily injury, damage to personal property, or in extreme cases, death.

I am aware of these risks and I assume them on behalf of my child. I understand that risk is inherent in the camp experience and I certify that my child is fully capable of participating in all of the activities camp offers and I authorize my child to participate fully.

PARENT AND CAMPER GUIDEBOOK

I have read the Parent Guidebook in detail and discussed it with my child, paying special attention to the following sections:

- Medications
- What Not to Bring
- Covenants & Contracts
- Care Packages
- Photos
- Swimming at Camp
- Camp Caseworker
- How We Deal with Relationships & Sexuality at Tawonga
- Bunking

I have instructed my child on the importance of abiding by the camp's rules, policies, and procedures, including those outlined in the Parent and Camper Guidebook, and all other required forms. My child and I both agree that he or she is familiar with these materials and will abide by them.

FAMILY CONTACT INFORMATION AUTHORIZATION

I hereby certify that all family and other information included in my camper's forms are, to the best of my knowledge, accurate and complete. I authorize Camp Tawonga to contact me should any special circumstances arise. In the case of an emergency when I am not available, I authorize Camp Tawonga to contact those designated as my emergency contacts.

MEDICAL INFORMATION AUTHORIZATION AND RELEASE

My child's health history is correct so far as I know. My child has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the medical personnel selected by the camp directors to provide routine health care, to administer medication, order X-rays, tests, treatment, and provide or arrange necessary transportation for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. I grant camp personnel permission to contact my child's therapist (if applicable) regarding medical information in case of an emergency or urgent situation.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and directors of Camp Tawonga or his/her designee, about my child's medical condition, treatment, and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the directors, their designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

REQUIRED SIGNATURES & ENCLOSURES

I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration in San Francisco County and the state of California, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of the state.

By signing below, I certify that I have read and agree to all above authorizations and releases.

Parent Name (print) _____ Parent Signature _____ Date _____

Second Parent Name (print)* _____ Parent Signature _____ Date _____

*Both parents' signatures are required if they reside in different households and share joint legal and/or physical custody of the child.

Camper Name (print) _____ Camper Signature _____ Date _____

As required, I:

- Have included / emailed info@tawonga.org a clear, current photo of my child. _____ Parent's Initials _____ Date _____
- Have included a copy (front and back) of my child's insurance card. _____ Parent's Initials _____ Date _____
- Have included / have sent / will send on ____date____ (circle one) my child's medical form completed by a doctor and other required forms (such as Quest release forms or teen program contracts). _____ Parent's Initials _____ Date _____
- Have completed/will complete (circle one) the required online forms. _____ Parent's Initials _____ Date _____

Please return this form to:
Camp Tawonga - Registrar

Mail: 131 Stuart Street, Suite 460, San Francisco, CA 94105 or Fax: 1-415-358-4517 (dial "1-415" even when dialing locally)

2009 CAMP TAWONGA MEDICAL FORM FOR DOCTORS

Camper's Full Name _____ Program Name _____ Camper DOB (mm/dd/yyyy): _____ M F

I understand this form will be viewed by the appropriate camp and medical staff and may be shared on a "need to know" basis with other camp staff. I give permission to photocopy this form. In addition, Camp Tawonga has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status.

Custodial Parent/Guardian Name _____ Custodial Parent/Guardian Signature _____ Date _____

Custodial Parent/Guardian Phone Number: (____) _____

MEDICAL PERSONNEL: Please complete all of the information below. Attach additional sheets as needed.

Date of physical exam (mm/dd/yyyy)*: _____ (*The exam must be performed after September 2007, or during the last 6 months if child has endured serious illness.)

EXAMINATION

Height _____ ft. _____ in. Weight _____ lbs. Blood Pressure _____ / _____ Blood Type _____

Does this child have physical limitations that would prevent or limit him/her from taking part in any daily or adventure activities, such as hiking, swimming, backpacking, or ropes course (and biking for Quests only)? Yes No

If yes, please explain: _____

Is this child currently taking any medication? Yes No

(Tawonga is at 3800' elevation with temperatures up to 100°F. Please let us know how this may affect the child's medication and/or dosage.)

Medication Name _____ Frequency _____ Dosage _____ Will treatment continue while at camp? Yes No

For what condition does s/he take this medication? _____

Comments or instructions regarding the taking of this medicine while at camp: _____

Medication Name _____ Frequency _____ Dosage _____ Will treatment continue while at camp? Yes No

For what condition does s/he take this medication? _____

Comments or instructions regarding the taking of this medicine while at camp: _____

Please indicate any additional medications on a separate sheet.

Does this child have any allergies, including food, environmental, or medical allergies? Yes No

If yes, please explain allergy, reaction, and effective treatments: _____

Is this child undergoing treatment at this time for any existing conditions? Yes No

If yes, please explain: _____

Does the child have any current physical, mental, or psychological conditions, or other treatments or therapies requiring medication, treatment, or special restrictions or considerations while at camp? Yes No

If yes, please explain: _____

IMMUNIZATION HISTORY*

*Required immunizations must be determined locally. Please record the month/year of basic immunizations and most recent booster. Attach additional sheets as needed.

VACCINES	Date of Basic Immunization	Date of Last Booster
DPT (Diphtheria, Pertussis, Tetanus)
TD or Tetanus
Oral Polio (Sabin) TOPV
Injectible Polio (Salk)
Measles (hard measles, red measles)
Mumps
Rubella
MMR booster after age 5
Hepatitis B
Date of most recent PPD or TB screening
Other

I have examined the person described herein and have reviewed his/her health history. I have discussed the camper program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in camp activities, except as noted above.

Physician's Name (PRINT)	Signature	Title	Date
Address	City	State/Zip Code	Phone

Please return completed form by April 15, 2009 to Camp Tawonga:

Mail: 131 Steuart Street, Suite 460, San Francisco, CA 94105, **or Fax:** 1(415)358-4517 (dial "1-415" even when dialing locally)