



Dear Camp Tawonga Parent,

We are thrilled to welcome your child(ren) to Camp Tawonga this summer! In order to give your child the best possible summer we need to collect some important information from you. Some forms may be completed online and some need to be signed and returned to us. For all summer programs **there are 3 forms which require downloading, completing, signing and mailing or faxing back to us** before your child can attend camp this summer. **All downloadable and online forms are due by April 21, 2011.**

The required downloadable forms for all summer programs are:

- Authorization Form
- Medical form for Doctor to fill out with physician signature
- Front and back of insurance card and current photo of your child

**AUTHORIZATION FORM:** We need all legal guardians' signatures on this form as well as the camper's signature. If both parents do not live in the same household you can send two copies, one with each signature.

**MEDICAL FORM:** A medical examination is required within 24 months prior to camp, or in the six months prior to camp if your child has been sick. We understand that appointment times are difficult to negotiate with your physician. However, we MUST have all medical information 10 days prior to the start of your child's session. If you cannot submit your Medical Form before April 21, **please call us by April 21 and let us know when your appointment is scheduled so we will know when to expect your form.**

**IMMUNIZATION HISTORY:** Every child must have current, up-to-date polio series, measles, mumps, rubella, and tetanus toxoid vaccinations to attend Tawonga. A negative TB test within the past 24 months is also strongly recommended. If your child has not been vaccinated or doesn't have a current tetanus booster please sign the immunization waiver on the medical form.

**INSURANCE CARD/PHOTO:** For each child attending camp we need a copy of **the front and back** of your child's insurance card and a current clear color photo of your child's face.

Please follow the check list below to see if you have everything.

- I have included / emailed (*circle one*) registration@tawonga.org a clear, current photo of my child.
- I have included a copy (**front and back**) of my child's insurance card.
- I 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).
- I have completed/will complete (*circle one*) the required online forms in the online forms portal.

If you have any questions please feel free to call or email us (415-543-2267 info@tawonga.org). We are always happy to help!

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**All downloadable and online forms are due April 21, 2010:**

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



**AUTHORIZATION & RELEASE FOR ALL 2011 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 to reduce our family's 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 (pools, 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. 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 \_\_\_\_\_

My parent(s) has read the Tawonga Camper Guidebook with me, and has reviewed expectations of behavior and participation during my time in a Tawonga program this summer. I agree to meet these expectations and to do my best to create a fun, memorable and safe experience for myself, my fellow campers and the whole camp community.

**Please return this form by April 21, 2011 to:**

**Camp Tawonga - Registrar**

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

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

**2011 CAMP TAWONGA MEDICAL HEALTH FORM FOR DOCTORS**

*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.*

**PARENT/GUARDIAN SIGNATURE REQUIRED:**

Custodial Parent/Guardian Name \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 2009, or during the last 6 months if child has endured serious illness.)

**EXAMINATION**

Height \_\_\_\_ft. \_\_\_\_in. Weight \_\_\_\_ lbs. Blood Pressure \_\_\_\_ / \_\_\_\_ Blood Type (If known) \_\_\_\_ Glasses/contacts \_\_\_\_\_

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 foods, medicines, insect stings, poison oak or other 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: \_\_\_\_\_

**PHYSICIAN SIGNATURE REQUIRED:**

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 21, 2011 to Camp Tawonga:

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

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

### Immunization History

Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state/local government are acceptable; please attach to this form. If necessary, please sign the release below.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
<b>TETANUS BOOSTER* (dt) or (TdaP)</b>						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PVC)						
Hepatitis B						
Hepatitis A						
Influenza Vaccination						
Varicella (Chicken Pox)	<input type="checkbox"/> Had chicken pox: Date: _____					
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	If Positive CXR Result: _____	If CXR – duration of INH: _____	If CXR + Please elaborate on treatment	

### Immunization Waiver & Release (if applicable)

*It is Camp Tawonga's policy - and that of the American Camp Association - that campers be immunized against those common communicable diseases listed on our camper medical form. We recognize, however, that it is your parental right to not immunize your child. In order for your child to attend Camp Tawonga we require your signed acceptance of the following:*

To the best of my knowledge and belief, the child named above is and has been in normal good health and is free from all communicable or contagious disease. Should my child show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state's Department of Health. It is further understood that, should a communicable disease emergency arise, I will be notified. However in the event that I cannot be contacted, the camp's administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of my child. I hereby hold Camp Tawonga and all parties associated with it harmless should my child contract a communicable disease while at Camp Tawonga. I also accept full legal and financial responsibility if my child brings a communicable disease to camp.

**By signing below, I represent and acknowledge that I have read and understand this agreement and release, and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Consent to Release Confidential Information (if applicable)

I, \_\_\_\_\_ (print parent name); hereby declare that, being the parent or guardian of \_\_\_\_\_ (print camper name), I give my consent for my child's therapist, \_\_\_\_\_ (print therapist name), to release information about my child to and from Camp Tawonga's social worker or therapist, and for the Camp Therapist to release information about my child to and from my child's above-named therapist.

(Check one)

\_\_\_ I agree to the exchange of any relevant information that may benefit my treatment.

\_\_\_ I wish to limit the exchange of information to that which I have described below:

- |                           |                          |                     |                        |
|---------------------------|--------------------------|---------------------|------------------------|
| ___ Diagnosis             | ___ Progress to Date     | ___ Patient Records | ___ Treatment Plan     |
| ___ Clinical Test Results | ___ Summary of Treatment | ___ Prognosis       | ___ Dates of Treatment |
| ___ Other: _____          |                          |                     |                        |

I understand that I have a right to receive a copy of this authorization. I understand this consent is in effect for one year after the date below and that I can withdraw it by formally requesting consent to be withdrawn.

Therapist Name: \_\_\_\_\_ Therapist Phone Number: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Camper's Name: \_\_\_\_\_

Camper's Program: \_\_\_\_\_

Please paste in box:

Front of Insurance Card

Back of Insurance Card

Color Photo of your child

(Or email to [registration@tawonga.org](mailto:registration@tawonga.org) with camper's name and session in the subject line)