

INSIDE THE OUTDOORS
SUMMER
DAY CAMP

**Camper Authorization for Medical Treatment
and Authorization to Pick-up Camper**

Please return all 5 forms at least week before your first day of camp to:

Inside the Outdoors, 200 Kalmus Dr., Costa Mesa, CA 92626

Fax: 714-662-8716

Email: insidetheoutdoors@ocde.us

PLEASE PRINT

Name of Camper	(Last)	(First)	(Middle Initial)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Home Address	(Street)	(City)	(Zip Code)	Home Phone		() ()
School	School District		Email Address			
Parent/Legal Guardian	Work Phone		Cell Phone/Pager			
	() ()		() ()			
Parent/Legal Guardian	Work Phone		Cell Phone/Pager			
	() ()		() ()			
Family Medical Insurance Carrier	Group #		Identification #			
Name of Family Physician				Physician's Phone		() ()

PERSONS TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED

Name	Relation to Camper
Home Phone	Work/Cell Phone
() ()	() ()
Name	Relation to Camper
Home Phone	Work/Cell Phone
() ()	() ()

CAMPER HEALTH INFORMATION

Does camper have a **recent** history of any of the following conditions? Please check all that apply.

A. <input type="checkbox"/> ADD or <input type="checkbox"/> ADHD	H. <input type="checkbox"/> Fainting
B. Allergies	I. <input type="checkbox"/> Heart condition
<input type="checkbox"/> Bee stings/insect bites (circle)	J. <input type="checkbox"/> Migraines/severe headaches
<input type="checkbox"/> Food	K. <input type="checkbox"/> Nose bleeds (frequent)
<input type="checkbox"/> Sunscreen	L. <input type="checkbox"/> Recent broken bone or surgery
<input type="checkbox"/> Bug Spray	Body part affected _____
<input type="checkbox"/> Hay fever	Date of injury/surgery _____
<input type="checkbox"/> Medication	Activity restrictions _____
<input type="checkbox"/> Other (Explain below)	_____
C. <input type="checkbox"/> Asthma	M. <input type="checkbox"/> Restriction of strenuous activity (hiking, games, etc.)
D. <input type="checkbox"/> Bowel problems	N. <input type="checkbox"/> Special diet required (Explain below)
E. <input type="checkbox"/> Diabetes	O. <input type="checkbox"/> Recently ill (Explain below)
F. <input type="checkbox"/> Epilepsy or seizure disorder	P. <input type="checkbox"/> Other (Explain below)
G. <input type="checkbox"/> Exposure to any contagious disease	

Briefly explain all items checked above (refer to each item by preceding letter) and explain any other health issues not listed above (use additional paper if necessary).

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1. Yes No Does camper take ANY prescription or nonprescription medicine on a regular basis? If Yes, please complete an "**Administration of Medication Authorization**" form. Please bring medication in a container labeled with their name and instructions for dispensing medication and give to Camp Director in the morning. **Camper cannot carry medication.**

2. Yes No Does camper have a physical or emotional special need or condition? If Yes, please explain below. A camper with special needs is defined as one who may, due to physical or emotional condition, require individualized care or medical attention. Examples include, but are not limited to: diabetics, mobility challenged campers, campers who regularly use a nebulizer, emotionally challenged campers, and campers with severe food allergies.

If Yes, explain: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF CAMPER

I, the undersigned parent or legal guardian of _____, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment of my child rendered by a physician, medical or emergency room staff of any hospital, or a dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the physician in the exercise of the physician's best judgment. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to my child, but none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Family Code Section 6910.

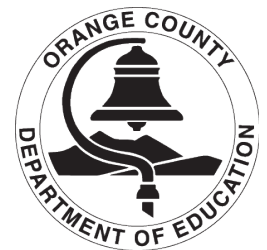
I have read and understand this authorization for treatment of my child and authorize and consent to such treatment.

If you do not give consent for treatment, please provide instructions: _____

Please complete all five forms. SIGNATURE REQUIRED ON PAGES 3, 4 and 5.



Inside the Outdoors[®]
200 Kalmus Dr., P.O. Box 9050
Costa Mesa, CA 92628
www.insidetheoutdoors.org
Phone: 714-708-3885 Fax: 714-662-8716



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Administration of Medication Authorization

Name of Camper _____

Dates Attending _____

It is understood that *Inside the Outdoors*® is not legally obligated to administer medication to my child. However, I hereby request that Inside the Outdoors administer the medication(s) listed below to my child. The medication(s) have been provided by the undersigned to the Camp Director. I agree to hold the Orange County Department of Education, Orange County Superintendent of Schools, and its officers, agents and employees harmless from any and all liabilities or claims of liability which may arise out of or in connection with the administration of the medication(s) and /or the medication(s).

My Child does not require the administration of medication during Summer Camp hours.

Medication 1

Diagnosis _____

Name of Medication _____ prescription over-the-counter

Schedule/Method of Administration _____

Comments _____

Medication 2

Diagnosis _____

Name of Medication _____ prescription over-the-counter

Schedule/Method of Administration _____

Comments _____

Medication 3

Diagnosis _____

Name of Medication _____ prescription over-the-counter

Schedule/Method of Administration _____

Comments _____

I have read, understood and completed this form. I agree to all the terms and conditions stated herein and authorize the Camp Director or camp personnel to administer required medication(s) listed above to my child.

Parent/Guardian's Signature **Date** **Print Name**

(Signature is required for the Camp Director to administer medication.)

INSIDE THE OUTDOORS[®] SUMMER DAY CAMP

IMPORTANT INFORMATION

1. *Inside the Outdoors'* Summer Day Camp is located at various sites and involves campers in a variety of activities in natural areas. Such natural areas may contain poison oak, insects, native animals, rocky trails and unpredictable weather conditions. The parent/ legal guardian will be notified immediately if a camper becomes injured or seriously ill, and medical care will be given according to the parent/legal guardian's wishes. Arrangements will be made with the parent/legal guardian to transport the camper to a medical facility if necessary or for the parent/legal guardian to pick up the camper.
2. A camper will not be released during *Inside the Outdoors* Summer Day Camp week to anyone other than the parent or legal guardian except with written permission from the parent or legal guardian.
3. *Inside the Outdoors* program takes photographs and produces videos of campers participating in Summer Day Camp. These photographs and videos are utilized for purposes of promoting *Inside the Outdoors only* and may be placed on the Orange County Department of Education's website. The usage of these photographs and videos is at the sole discretion of the Inside the Outdoors program and by signing this form, you agree as the parent/legal guardian of the camper to allow such photographs and videos during the course of all activities of the Summer Day Camp.

I, the undersigned parent/legal guardian of _____, do hereby authorize and consent to photographs and videos being taken of my child and the usage of these photographs and videos at the sole discretion of *Inside the Outdoors*.

Signature: _____ Printed Name: _____
 Parent/Legal Guardian Parent/Legal Guardian

4. *Inside the Outdoors* is supported, in part, by Inside the Outdoors Foundation, which is a non-profit organization. **Please send me information regarding Inside the Outdoors Foundation.** Yes No

I have read, understood and agree to all terms and conditions set forth in the 4 pages of camper registration form and Summer Day Camp confirmation packet. I agree to hold the Orange County Department of Education, Orange County Superintendent of Schools, its officers, agents, and employees harmless from any and all liability or claims of liability which may arise out of or in connection with my child's participation in *Inside the Outdoors* Summer Day Camp (Education Code Section 35330).

 Parent/Legal Guardian's Signature

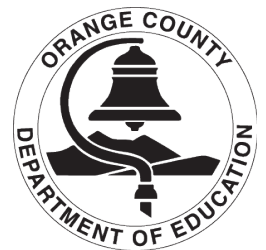
 Date

 Print Name of Parent/Legal Guardian

(Signature is required for camper to attend.)



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Authorization to Pick-Up My Child

I authorize the following people to pick up my child from *Inside the Outdoors* Summer Day camp:

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Only the parents/guardians are authorized to pick up my child.

Parents/Guardians _____ Signature _____

Camper's Name _____ Date _____

If there is anyone not authorized to have contact with your child please note on the back of this form and notify the Camp Director.

****Please Remember****

Any adult authorized picking up a camper must bring a picture ID. We will not release your child without picture ID. Only the people listed on this form may pick up campers.

Please check off which weeks your child will be attending Camp:

- June 24 to 28, 2019 @ Rancho Soñado
- July 8 to 12, 2019 @ Shipley Nature Center
- July 15 to 19, 2019 @ Shipley Nature Center
- July 22 to 26, 2019 @ Shipley Nature Center
- July 29 to August 2, 2019 @ Shipley Nature Center
- August 5 to 9, 2019 @ Irvine Regional Park



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