

## **Camp Ocean Pines Outdoor Education Permission and Waiver**

I give permission for \_\_\_\_\_ to attend and participate in the Camp Ocean Pines ("Camp") outdoor education program.

- I give permission for my child to participate in activities that may include archery, challenge sports, hiking, nature study, tidepooling, kayaking, rock climbing, beach activities and other activities offered at Camp as described on its website and marketing materials unless otherwise specified on the Camp Medical Form.
- I give permission for my child to travel off-site for field trips.
- I give permission for my child to be included in photographs or videos that Camp will use in reports and marketing materials, including social media.
- I give permission to the Camp staff to search my child's belongings, including cell phone, camera, data gathering and messaging devices and other personal effects as necessary when the health, well being, or safety of my child or others requires it.
- I give permission to the bearer of this form to authorize necessary emergency medical care by an attending physician or others they may choose in the event of my child's injury, ingestion or illness. I accept all financial responsibility for necessary emergency medical treatment and services on behalf of my child.
- I agree to release Camp and its directors, officers, employees, volunteers, agents, successors and assigns ("Staff") from any and all claims of injury or illness of any nature related to the use of Camp facilities/equipment or participation in Camp activities, programs, or transportation, whether that participation is supervised or unsupervised. I agree to indemnify and hold harmless Camp and its Staff from any and all liability arising out of or related to my child's Camp participation.
- I understand it is my obligation to inform Camp of any special circumstances which may affect my child's ability to participate fully and within the guidelines of acceptable behavior, including without limitation, any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Once notice is submitted, a conference will be scheduled to discuss the special circumstances and whether Camp can accommodate such.
- I understand and acknowledge that Camp has established guidelines pertaining to conduct, behavior and activities of all Camp participants, by which my child and I agree to abide, and my child and I will be responsible for failure to abide by those guidelines. I understand that violation of these guidelines can result in my child's dismissal from Camp with no refund

### **THIS FORM MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Name of parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

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

# Camp Ocean Pines Outdoor Education Medical Form

*Return Completed Form to the teacher at your school.*

**Questions?**  
Call the camp office at **805-927-0254**

Camper Name: \_\_\_\_\_  
First Name
Middle Initial
Last Name

Date of Birth: \_\_\_\_\_ Gender identity: \_\_\_\_\_  
Month
Day
Year

Parent/Guardian: \_\_\_\_\_

Preferred Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

**About health care at Camp Ocean Pines:**

- At minimum, a Camp staff member with First Aid and CPR is at Camp when campers are present.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, **your child will be supervised by school staff.**
- Campers should bring – and use – sunscreen (minimum 30 SPF).
- **School staff will be responsible for administering all student medications.**

1. Date (month & year) of your child's most recent tetanus immunization \_\_\_\_\_

2. Is your child allergic to any food or medication? .....  Yes  No

If YES, name the item and indicate the reaction. \_\_\_\_\_  Intolerance  Anaphylaxis  
 \_\_\_\_\_  Intolerance  Anaphylaxis

3. Does your child have asthma? .....  Yes  No

If YES, will your child carry a rescue inhaler during the camp session? .....  Yes  No

If YES, does your child need staff help to use that rescue inhaler? .....  Yes  No

If YES, what triggers your child's asthma? \_\_\_\_\_

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent/guardian who will be available via phone while your child is attending our program.

Parent/Guardian: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

5. List the medications that your camper takes on a routine basis:  This camper takes no routine medication.

a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

6. Please write additional information about your child's health that may impact your child's participation in our program:

**Parent/Guardian Authorization**

I represent and warrant that my child's medical profile is accurate, complete and my child has permission to participate in all Camp activities except as noted on this form. I understand that Camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the school staff will handle medication as described and that information on this form will be shared with Camp staff on a need-to-know basis. I warrant that my child will arrive at Camp in good health free from any known or suspected infectious diseases.

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