



# Camp La Verne



2019 Winter Camp, February 15 – 17  
Tuesday Thornton and Anabell Heredia directors

## Ages Junior High and High School (Grades 6-12)

Fee: \$85.00 if postmarked by January 31<sup>st</sup>

\$115 if postmarked after January 31<sup>st</sup>

Camper will be a server at the Banquet, reduced fee by \$25

EVERYONE MUST PRE-REGISTER! There are no on-site registrations.

Camp Sign-in 11:00 a.m. on Saturday, Feb 15

Camp Check-out: 10:30 a.m. on Monday, Feb 17

\_\_\_\_\_  
Camper Name

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender for Cabin Assignment Birthdate Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Cabin-Mate Preference: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Special Needs (health, diet, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTAL/LEGAL GUARDIAN PERMISSION

I give permission for my child (or ward) to become a participant of the Camp La Verne program. I will assist in observing the rules of the camp; I waive any claims against Camp La Verne Inc., or its agents. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child (or ward). The authorization shall remain effective throughout the entire camp session the child attends unless sooner revoked in writing delivered to said agent(s). This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**I Permit the use of photographs/video footage of my child for the promotional purposes of Camp La Verne. Yes / No (circle one)**

I authorize my child to leave camp with:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

**Please write & send your check with this form to:  
CAMP LA VERNE, INC.  
P.O. BOX 355  
LA VERNE, CA 91750-0355**

### IMPORTANT INFORMATION

Contact Information  
Erica Schatz (310) 941-5366

Camp La Verne (On-Site – only during camp)  
(909) 794-2931  
Or visit [www.camplaverne.org](http://www.camplaverne.org)

# Camper Health History and Medical Consent Form

Camp Attending: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ Sex (circle one): M / F Height: \_\_\_\_\_ Wt: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect the camper's participation in camp activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications the camper will be taking while at camp.

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Consent for Non-prescription Medication: During the above listed dates, I give my permission for my child to receive the following over the counter medications from the assigned medical staff worker. (Please check all that apply.)

Kaopectate

Pepto-Bismol

Caladryl

Alka Seltzer/Rolaids

Milk of Magnesia

Tylenol

Chloraseptic Spray

Advil

Cepacol

Benadryl

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to be notified if above cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Consent and for medical treatment:

I hereby give permission to the medical personnel selected by Camp La Verne to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp La Verne to secure and administer treatment, including hospitalization, for the child named above. This form may be photocopied for trips out of camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or legal guardian if camper is under 18 years of age.