

Catalina Environmental Leadership Program  
**Chaperone Health Form**

This form will be used by medical professionals in the event of an emergency. Please take the time to fill it out thoroughly and completely.

School \_\_\_\_\_

Chaperone Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Emergency Contacts**

Name/relation \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name/relation \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Important Health Information:**

For the following categories, please describe pertinent medical history and any restrictions, treatment, or special accommodations required on site. Use the back of this sheet as needed.

Allergies (food, medication, bee stings, etc): \_\_\_\_\_

Physical restrictions (injuries, disabilities, etc): \_\_\_\_\_

Social/Behavioral (phobias, anxiety, etc): \_\_\_\_\_

Any medication currently taken (prescribed & over-the-counter): \_\_\_\_\_

Other medical conditions (diabetes, asthma, heart conditions, etc): \_\_\_\_\_

Dietary restrictions (vegetarian, kosher, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Name of Your Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

**Authorization**

The information on this form is correct and complete as far as I know. The person herein described has permission to engage in all CELP activities except as noted. I hereby give permission to the personnel at CELP to provide routine health care and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation. In the event I am unable to provide consent in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization for myself.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**This original form will be kept on file at CELP**