

Alia Vita Foundation 2020 Health History and Emergency Contact Form
Return forms to Alia Vita Foundation - 2956 Treat Blvd Suite B, Concord CA 94518 or send to
aliavita@aliavita.org

Please complete one form for each camper. Make sure to thoroughly read and sign form!

My Child will be attending: Session(s): _____ Date(s) _____ Camper Gender Identity _____

Camper's Name : First _____ Last _____ Age _____ Birth Date _____ Ethnicity (optional) _____

Address _____ City _____ State _____ Zip _____ Hm. Phone _____

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Birthdate _____ Email _____ Birthdate _____ Email _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____ Employer/Occupation _____ Employer/

Occupation _____

EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency, when parents cannot be reached:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

Health Insurance Co. _____ Policy No. _____

Family Physician _____

Address: _____ Phone: _____

Family Dentist _____

Address: _____ Phone: _____

VACCINES (Approximate Immunization Dates)

CHILD RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up child from the AV Camp:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons **NOT AUTHORIZED** to pick up child from the AV Camp:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child in custody of (check one):

☐ both parents ☐ mother ☐ father ☐ other: _____

Child lives with (check one):

Tetanus: _____ Measles: _____ Mumps: _____

Rubella: _____ Chicken Pox: _____ DPT: _____

Other: _____

☐ both parents ☐ mother ☐ father ☐ other: _____

MEDICAL INFORMATION – Please check any past or present treatment or conditions

_____ Asthma	_____ Bedwetting	_____ Ear Infections	_____ Other Conditions:
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_____ Heart Problems	_____ Sleepwalking	_____ Psychological Conditions	_____
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_____ Seizures/Epilepsy	_____ Tuberculosis	_____ Behavioral Conditions	_____
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_____ Diabetes	_____ Chicken Pox	_____ Recent hospitalization	_____
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_____ ADD/ADHD	_____ Measles	_____ Currently under Dr. care	_____
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_____ Head Lice (recent)	_____ German Measles		
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For each checked item, please indicate date and explanation. Please also indicate record of any other past medical treatment, if any: _____

ALLERGIES & SPECIAL NEEDS - Please check:

_____ Hay Fever/Seasonal Allergies	_____ Other Insects/Animals:	_____ Other Drugs: _____	Any other allergies? _____
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_____ Poison Oak/Ivy	_____ Penicillin	_____	_____
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_____ Bee Stings	_____ Asthma/Inhaler	_____ Foods: _____	Dietary Restrictions: _____
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_____ Epi-Pen			_____
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Is your child on any current medications to be continued at camp? ☐ Yes ☐ No (If Yes, completed Medication Form is required)

We recommend not changing your child's medication habits when sending them to camp. If there are regular medications they take, being at camp is typically not the time to try going without.

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? ☐ Yes ☐ No

If Yes, please explain: _____

NON-PRESCRIPTION MEDICATIONS I authorize the following medications to be distributed to my child as needed:

Tylenol ____Yes ____No	Benadryl ____Yes ____No	Pepto Bismol ____Yes ____No	Neosporin ____Yes ____No
Ibuprofen ____Yes ____No	Cough Drops ____Yes ____No	Calamine/Caladryl Lotion ____Yes ____No	Technu ____Yes ____No

(poison oak soap)

PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission for persons/providers authorized by the Alia Vita Foundation to transport my child in case of emergency. I give permission to the physician selected by the Alia Vita Foundation to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Alia Vita Foundation to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied for use away from the main program site. I authorize the Alia Vita Foundation staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature REQUIRED: _____ **Date:** _____

Alia Vita Foundation Medication Form

Camper's Name _____ Camp Session(s) _____ Gender _____ Age _____

This form is required if you are sending any medication with your child (prescription or over-the-counter) *****Please note that unless otherwise directed by your Physician, we recommend not changing your child's medication habits when sending them to camp.** In other words, if there are regular medications they take, being at camp is not the time to try going without. The experience will be most successful if your child maintains their regular medication routine, if applicable.

List of Medications: Medication is generally distributed at breakfast, lunch, dinner, and before bed. Indicate which time applies and note if another specific time is necessary. Attach another sheet if your child takes more medication. **Place all medication in its original container in a sealed plastic bag labeled with the camper's name.**

	Medication Name	Dosage (qty/form - i.e. 1 tab, 2 tsp.)	Time of Day, Frequency B=Breakfast L=Lunch, D=Dinner BT=Bedtime PRN=As needed	Length of Time Medication is Necessary (i.e. # of days)	Date of Prescription	Special Notes
1.						
2.						
3.						
4.						

Contact information for Physician prescribing any of the above medications:

Physician Name: _____ Physician Phone Number _____

Please give a description and symptoms of the condition that requires the child to take medication: _____

Possible adverse reactions which staff should be aware of include: _____ How is your child's attitude about taking medication (cooperative, resistant, embarrassed, etc.): _____ Other special instructions: _____

Does your child require: _inhaler _____
_nebulizer _____

_____other medical device: _____

If you checked any of the above please indicate:

___Must carry it with him/her at camp ___Will check it in upon arrival at camp

Description & use of device(s):

Does your child carry an epi-pen? ___Yes ___No

Can your child self administer their epi-pen? ___Yes ___No

____Please initial here to authorize camp staff to administer epi-pen to your child if needed.

Description of allergy:

If your child is under doctor's care for an acute chronic problem, your physician needs to know that the child will be away from home for a lengthy period of time. Please have physician give written instructions for care of child and attach them to this document.

I, the undersigned parent or guardian of the above listed child, certify that the above information is correct to the best of my knowledge. I request that the above named child be assisted by authorized Alia Vita Foundation personnel in taking the listed medication, described above, at Alia Vita Foundation camp in compliance with the programs policies and procedures.

****All prescriptions must be prescribed to the camper.**

custodial parent or guardian

Date Signed Home Telephone

(_____)_____
Signature of

Please return with your deposit.

Return to: Alia Vita Foundation - 2956 Treat Blvd Suite B, Concord CA 94518 or send to aliavita@aliavita.org

Alia Vita Foundation Camping Services Policies and Conditions of Enrollment

The Alia Vita Foundation emphasizes **caring, honesty, responsibility** and **respect** in the camp experience. To achieve this, the following are some of our conditions and policies. We ask parents and campers to indicate their understanding by signing this form where indicated below.

1. The camper, his/her parents and relatives agree to abide by the rules and regulations set by Camp for the health, safety and welfare of all the campers. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp rules may result in immediate dismissal from camp with no refund.
2. Campers are expected to use appropriate language, are not allowed to smoke or chew tobacco, or possess any smoking materials, and may not use or possess alcoholic beverages, illegal drugs, weapons, or fireworks. Possession of these items is strictly forbidden and will result in camper needing to be picked up immediately.
3. All medications, drugs, aspirin, cough syrup, etc. must be turned in to Alia Vita Foundation staff to be kept under the control of the Camp Health Supervisor.
4. iPods, MP3 players, video games, cell phones or other electronic devices are not permitted at Camp. Digital Cameras are discouraged, disposable cameras with campers name written on them are recommended.
5. Campers are encouraged to develop friendships with all campers; however, exclusive relationships, excessive displays of affection, or any sexual behaviors are strictly prohibited at Alia Vita Foundation Overnight Camps.
6. All personal belongings are to remain unlocked at camp. The Camp Directors reserve the right to look through any camper's belongings if deemed necessary.
7. During the camp session(s), if both parents, or guardian leave their place of residence for more than 24 hours, the administrative office* must be advised as to where they can be reached in case of an emergency and/or how an emergency contact can be reached at all times.
8. Camp is not responsible for articles of clothing or personal belongings lost or damaged.
9. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp.
10. Violence is not permitted and will not be tolerated.
12. Campers are to remain in their cabins after "lights out".
13. There is no way to lock or secure belongings at camp. It is possible for items to come up missing. We strongly encourage campers to leave anything of value at home.
14. The phone is off-limits to campers. No news is good news! If there are any problems with your child including injury, extreme homesickness, or behavior problems, we will call you right away. In case of family emergency, please contact the administrative office* and they will contact camp staff as soon as possible.
15. Parent/Guardian acknowledges by signature below that he or she is responsible for communicating this information to camper and any other adult responsible for the child.
16. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide immediate transportation home if the camper is unable to complete a session due to homesickness, illness, inappropriate behavior or violation of any of the Camp Policies.**

We have read and mutually understand and agree to abide by the above listed policies.

Camper's Name

Parent/Guardian's Name

Session(s)

Camper's Signature

Date

Parent/Guardian's Signature

Date

*Administrative Offices: Alia Vita Foundation (925)338-7348

To Be Signed by Parent/Guardian

I voluntarily give the Alia Vita Foundation and its legal representatives and assigns, permission, without limitation or obligation, to use and publish quotes and photographs of me and my family members to promote Alia Vita Foundation programs.

I understand these quotes and photographs may be used in brochures, billboards, advertisements, marketing collateral, social media and on the association's Website. I release the Alia Vita Foundation and her legal representatives and assigns from all claims and liability relating to these quotes and photographs.

Signature of Parent/Guardian_____Date_____

Please return this form along with your deposit.

Return to: Alia Vita Foundation - 2244 Oak Grove Rd. Walnut Creek, CA 94598 #30087
or send to aliavita@aliavita.org

Camper Information Sheet

This information will be given in confidence to your child's cabin leader. It is designed to help the staff get to know your child better and help ensure the best experience for your child. Please have your child complete the top section. Return to: Alia Vita Foundation 2244 Oak Grove Rd. Walnut Creek, CA 94598 #30087 or send to aliavita@aliavita.org Thank you!

Camper's Name: _____ **Age:** ____ **Session/Dates at Camp:** _____

All About Me! – Section 1: For the CAMPER to Complete

Dear Cabin Leader,

My name is (first and last)_____ I like to be called _____. At camp I will be____years old and in the Fall I am entering ____grade.

When I am not in school I like to_____

My favorite things are (books, movies, colors, other)_____

I am excited about camp this summer because_____

I am a little nervous about_____

I cannot wait to do this at camp_____

I would like a cabin leader who is_____

Section 2: For PARENT(S) to Complete:

What do you especially hope your child gets out of camp this year?

Has your child ever been away from home for an extended period before? Where? How long?

Are there any suggestions you have for your child's cabin leader to help ensure your child has an enjoyable time at camp?

Are there any activities you would not like your child to participate in at camp?

☐Yes ☐No IF YES, please list:_____

Is your child prone to: ☐Bedwetting ☐Sleepwalking ☐Nightmares ☐Tires Easily

☐Nervousness ☐Constipation ☐Tantrums ☐Other_____

If yes, please indicate how we can help your child avoid or deal with these situations. Also please list any past conditions of which we should be aware.

Is there anything else you would like to tell your child's cabin leader?

ALIA VITA FOUNDATION

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Required for all Memberships, Programs and Events

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Alia Vita Foundation, herein after referred to as the Alia Vita Foundation, (or for my children to so participate) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Alia Vita Foundation, regardless of location, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program or event. It is further warranted that such entry into the Alia Vita Foundation or other non- Alia Vita Foundation venue for observation or use of any facilities or equipment or participation in such affiliated program or event constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated program or event have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned, and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE Alia Vita Foundation FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM OR EVENT AFFILIATED WITH THE Alia Vita Foundation, REGARDLESS OF LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN LISTED ON THIS WAIVER, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Alia Vita Foundation, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned or such children, whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in, upon or about the premises or any facilities or equipment therein or participating in any program or event affiliated with the Alia Vita Foundation, regardless of location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Alia Vita Foundation premises or in any way observing or using any facilities or equipment of the Alia Vita Foundation or participating in any program or event affiliated with the Alia Vita Foundation whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY LOSS OR DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of the Alia Vita Foundation and/or while using the premises or any facilities or equipment therein or participating in any program or event affiliated with the Alia Vita Foundation, regardless of location.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the Alia Vita Foundation, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in Alia Vita Foundation activities in future Alia Vita Foundation promotional materials, without additional release or authorization.
5. I authorize Alia Vita Foundation staff or their agents to administer First Aid, CPR or AED to myself or my authorized child named below in the event of an emergency. In the event I cannot be reached, or if I am unresponsive due to my own medical emergency, I authorize the Alia Vita Foundation to seek medical care for myself and children listed below and hereby give permission to the attending physician to order X-rays, routine tests and provide any other medically appropriate treatment.
6. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Adult Participant

Signature of Adult Parent

Print Name of Adult Participant

Date ____/____/____

– OR –

Youth/Family Participant(s)

Print Name of Parent/Guardian

Date ____/____/____ Signature of Parent/Guardian

Print Name(s) of Child(ren) in Program:

