

# Alia Vita Foundation Health History and Emergency Contact Form

Return forms to Alia Vita Foundation - 4394 N Water Oak Ct, Concord CA 94521

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

**form!** My Child will be attending: Session(s): \_\_\_\_\_ Date(s) \_\_\_\_\_

Camper Gender Identity F \_\_\_ M \_\_\_

Birth Date \_\_\_\_\_

Camper's Name : First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

## 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: \_\_\_\_\_

## 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):**

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

**Please provide a copy of the medical insurance card.**

**For each checked item, please indicate date and explanation. Please also indicate a record of any other past medical treatment, if any.**

## ALLERGIES & SPECIAL NEEDS - Please list if any.

Drugs:

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

Foods:

Dietary Restrictions:

Is your child on any current medications to be continued at camp? Yes \_\_\_ No \_\_\_

If Yes, completed Medication Form.

**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:**

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**Parent/Guardian Signature REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Alia Vita Foundation Medication Form

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 an inhaler? Y\_\_ N\_\_**

**If you checked any of the above please indicate:**

\_\_\_\_ Must carry it with him/her at camp

**Does your child carry an epi-pen? Y\_\_ N\_\_** Can

\_\_\_\_ Please initial here to authorize camp staff to administer epi-pen to your child if needed.  
Description of allergy:

your child self administer their epi-pen? Y\_\_ N\_\_

**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 a physician give written instructions for care of the 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.

### **Alia Vita Foundation Camping Services Policies and Conditions of Enrollment**

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 campers 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' names 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 campers 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.

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

**To Be Signed by Parent/Guardian**

I voluntarily give the Alia Vita Foundation and its legal representatives and assign 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 \_\_\_\_\_