



Camp Wheez Parent Authorization

Child Name: _____ Date of Birth: _____

Please initial after each section heading and sign completely at the bottom of the page.

PARTICIPATION AND EMERGENCY TREATMENT WAIVER _____ (initial)

In consideration for being allowed to register and participate in Camp Wheez, held **August 5 through August 9, 2019**, sponsored by Sansum Clinic, as parent/guardian I hereby release the Association, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE _____ (initial)

I do hereby acknowledge and authorize Camp Wheez and Sansum Clinic to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge Sansum Clinic and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

RELEASE FOR TRANSPORT HOME _____ (initial)

At the conclusion of camp, the Camp Staff may release my child to myself or to the individual(s) designated below. I understand that under no circumstances will my child be released to anyone not specified by me.

Please print clearly:

Child's Name _____ Date of Birth _____

1. Parent/Guardian Name _____ Phone _____

2. Parent/Guardian Name _____ Phone _____

3. Other Person Allowed to Pick Up Child _____ Phone _____

Relationship to Child _____

4. Other Person Allowed to Pick Up Child _____ Phone _____

Relationship to Child _____

_____/_____/_____
Signature of Parent or Guardian _____ Date

SPACE IS LIMITED! To reserve a space all forms are due by July 15, 2019. Send to:
Health Education, Sansum Clinic, PO BOX 1200, Santa Barbara, CA 93102-1200
Email: HealthEd@SansumClinic.org. Phone: 805-681-7672.



Camp Wheez Code of Conduct

Child Name: _____ Date of Birth: _____

Please review with your child:

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Arrive on time, be clean, take care of your things and wear your Camp Wheez t-shirt. Take your medicine as directed. Do not use bad language, fight, steal, damage property or do anything that is harmful to others.
- **Participate in camp activities.** Stay with your group for all activities unless excused by staff.
- **Follow directions.** Follow the directions from your counselor and all camp staff. This will keep all camp activity safe and fun.
- **No put-downs.** Do not tease, call names, use racial slurs or make inappropriate practical jokes.

If we have a problem with inappropriate behavior, we follow this camper behavior response policy:

1. The counselor will give the child a warning
2. The counselor will give the child a time-out with an explanation about the problem.
3. The counselor will ask the Camp Doctor or Camp Director to work with the child.
4. Staff will call parents/guardians to discuss the problem.
5. Staff can call parent and ask them to take the child home.
6. In the case of problems that can cause harm to the child or to others, we reserve the right to ask that the child be removed from camp immediately and permanently.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent Name (print)

Parent Signature

Date

I agree to abide by the Camper Code of Conduct

Child Name (print)

Child Signature

Date

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Camp Wheez Physician Referral

Please print clearly

Physician Name: _____

Patient Name: _____ Date of Birth: _____

Date Last Seen: _____

Current Medications: _____

“Normal” Peak Flow Rate: _____

Asthma is: _____ Mild Intermittent _____ Mild Persistent

_____ Moderate Persistent _____ Severe Persistent

Primary Allergies: _____

Other Significant Medical Conditions: _____

***Even though this program is medically supervised,
your patient will continue to be under your direct medical care.***

I would like the above-named patient to be enrolled in Camp Wheez. All breathing and exercise training is to be geared to the patient’s capabilities.

Physician signature

Date

Print name

Phone

Street Address

City, State, Zip Code

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