

Card # _____

Date Attending _____

**CITY OF COMMERCE
DEPARTMENT OF PARKS AND RECREATION
CAMP COMMERCE**

MEDICAL HISTORY, CONSENT FOR EMERGENCY TREATMENT AND PARTICIPATION WAIVER

Name _____ Date of Birth _____ Age _____

Address _____ Phone _____

Email _____

Emergency contact: Name _____

Address _____ City _____ Phone _____

Please comment on the following:

• Covered by medical insurance? _____ Who is the provider? _____

Doctors Name _____ Phone _____

Address _____ Members # _____

- The City prefers to provide accommodations with a cabin/restroom that will not be shared with non-family members, the accommodation cannot be guaranteed and the sharing of a cabin/restroom may be a possibility due to limited available accommodations.
- Has camper recently been exposed to contagious disease? _____. If yes, which? _____
- Will camper bring any medicine or drugs to camp? _____. If yes, which? _____
- Immunization Record on file? _____

For Youth Sessions, medication must be accompanied by written instructions from parent or physician, and is to be taken under the direction of the Camp Manager.

Please answer the following: (give date of illness)

Has the camper received a tetanus inoculation? Yes No If yes, when? _____ (month, date, year)

• Allergies: _____
(i.e., aspirin, penicillin, bee stings, tetanus shot, other)

Frequent Colds _____	Fainting _____	Whooping Cough _____	Epilepsy _____
Convulsions _____	Asthma _____	Sleep Walking _____	Tuberculosis _____
Poliomyelitis _____	Diabetes _____	Stomach Upsets _____	Other _____
Heart Trouble _____	Head Injuries _____	Bronchitis _____	
Rheumatic Fever _____	Kidney Trouble _____	Pacemaker _____	

** It should be fully understood that Camp Commerce is located in a natural environment which includes grades and inclines, uneven walking areas and numerous stairs to compensate for elevation levels of buildings. In addition, during freezing conditions ice and/or snow is present which results in loss of footing conditions. Campers that have difficulties in walking in these conditions or maintaining good balance should refrain from participating in this activity.*

Are you handicapped (trouble walking, using stairs, maintaining balance) Yes No

If yes, explain _____

Are you wheelchair bound? Yes No Car Seat (under 8 years or under 4'9") Yes No

CONSENT FOR EMERGENCY MEDICAL TREATMENT

The undersigned hereby authorizes the City of Commerce Camp Supervisors as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civic Code of California, and is to remain in effect during the session noted above unless otherwise indicated or revoked in writing and delivered to said agent.

I give permission for myself/minor in my custody to participate in the aforementioned activity and hereby waive, release and discharge any and all claims of right to claims to damages for death, personal injury or property damage which I/minor may have, or which may hereafter occur to me, as a result of my participation or said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, City of Commerce and its employees for participation of the above-named patron in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed upon that this waiver, release and assumption of risk is to be binding on myself, my heirs, and assignees. I agree to accept and abide by the rules and regulations established for the City of Commerce Camp Commerce Program.

I HEREBY ACCEPT ANY FINANCIAL RESPONSIBILITY FOR ANY AND ALL MEDICAL TREATMENT NECESSARY TO BE ADMINISTERED TO THE ABOVE NAMED IN THE EVENT OF AN ACCIDENT, INJURY, AND SICKNESS, ETC. IT IS THE RESPONSIBILITY OF EACH PATRON TO ARRANGE TRANSPORTATION HOME, SHOULD A PERSONAL EMERGENCY ARISE.

Date

(Parent or Guardian must sign if under 18 yrs.)