



# Camp Medical Form & Parental Consent Waiver

This form must be completed and signed by the camper's parent  
or legal guardian. Please print clearly.

## Camper Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address (Apt): \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender:  Male  Female

## Emergency Contact Information

### Primary Emergency Contact

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_

### Backup Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Camper: \_\_\_\_\_

## Insurance Policy Information

Is the camper currently covered by health insurance?  Yes  No

*If yes, please provide the following information:*

Health Insurance Provider: \_\_\_\_\_

Name Of Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_



### Medical History Information

Does the camper have any of the following? If yes, please describe.

1. Known drug allergies?  Yes  No \_\_\_\_\_
2. Food allergies?  Yes  No \_\_\_\_\_
3. Allergies to insects?  Yes  No \_\_\_\_\_
4. Asthma?  Yes  No \_\_\_\_\_
5. Medical conditions we should be aware of?  Yes  No \_\_\_\_\_
6. Is the camper currently taking any medications?  Yes  No \_\_\_\_\_

If yes, please list all medications below, and specify how and when they need to be taken during camp. Wallis Annenberg PetSpace does not administer medications; this is the responsibility of your camper.

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### Permission To Treat & Medical Authorization

Please check **one** of the following and sign below.

I, \_\_\_\_\_, parent or guardian of the child named above, give consent for my child to attend Wallis Annenberg PetSpace Camp. As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/ clinic name), and our physician has approved of this participation.

I hereby authorize the Wallis Annenberg PetSpace staff or appropriate medical personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with Wallis Annenberg PetSpace Camp.

**I DO NOT** want any type of medical treatment provided to my child.

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Parent/Legal Guardian Signature

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Date



# Camp Pick-Up Authorization Form

Wallis Annenberg PetSpace must be notified, in writing, if anyone other than a parent/guardian or emergency contact listed during registration will be picking up a child from camp.

The individual must be named on the list below and present picture identification before camps staff will release your child to him/her.

## Camper Information

Name: \_\_\_\_\_

Name of parent or guardian giving permission: \_\_\_\_\_

## I authorize the following responsible adults to pick up my child from camp:

### Adult 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

### Adult 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

### Adult 3

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## Photo/Video Release

The Annenberg Legacy Playa Vista (“ALPV”) requests permission to use your appearance in its promotional, advertising, and educational materials to further our nonprofit mission to promote and strengthen the human-animal bond to the public.

**Name of Participant (Please Print):** \_\_\_\_\_

gives ALPV (and its authorized agents, employees, successors, assignees and licensees) the absolute right and permission, but not the obligation, to film, photograph, record and edit my name, likeness and actions (collectively, “Appearance”). I hereby release any and all claims whatsoever in connection with the ownership and use/reproduction of my Appearance as set forth above. No commercial use of the images is intended or will be authorized. No compensation will be paid for this express use.

The parties agree this Release shall be governed by the laws of the State of California and the parties agree to submit to the exclusive jurisdiction and venue of any California state or federal court sitting in Los Angeles County without regard to the application of any conflicts of law rules. I acknowledge that the Foundation has been induced to proceed in reliance upon this Agreement.

ALPV will send one (1) copy (if any are made) of the Appearance to me, at no charge, at the address set forth below.

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Street Address (Apt): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

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**IF YOU ARE A MINOR, YOUR PARENT OR LEGAL GUARDIAN MUST ALSO PRINT AND SIGN THEIR NAME BELOW.**

I \_\_\_\_\_ (Insert Name of Parent/Legal Guardian) hereby fully consent to and approve of the execution of this Agreement, fully consent to and approve of the grant of rights and release contained herein, and I hereby join in and confirm the grant of all such rights and release.

\_\_\_\_\_  
**Parent/Legal Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**