

Kristy Beauvais, Director info@focusfish.com

FOCUSfish Student Form

Please Write CAMP WEEK (S) Your Child is attending:

CHILD #1 Student's Name _____

Sex M F Age _____ Grade _____

CHILD #2 Student's Name _____

Sex M F Age _____ Grade _____

CHILD MEDICAL HISTORY

This medical form must be completed in full for each student.

NAME OF CHILD: _____

HOME PHONE #: _____

HOME ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY #: _____

NAME OF CHILD'S PHYSICIAN: _____ **PH**

PHYSICIANS PHONE #: _____

HOSPITAL PREFERENCE: _____

NAME OF INSURANCE CARRIER: _____

POLICY#: _____

MEDICAL HISTORY:

For all that apply to student, give approximate date of occurrence.

HEALTH HISTORY:

FREQUENT EAR INFECTIONS _____

HEART DEFECT/DISEASE _____

Seizure Disorder (eg Epilepsy) _____

DIABETES _____

BLEEDING DISORDER _____

HYPERTENSION _____

Neurological Disorder (eg Migraines)

ALLERGIES:

Mental Health History:

Behavior Disorder _____

Mood Disorder _____

Anxiety Disorder _____

Pervasive Developmental Disorder _____

History of Aggression to Others _____

Self-Injurious Behaviors _____

Other _____

GENERAL HEALTH INFORMATION:

Operations or Serious Injuries (Dates):

_Disability or Chronic Recurring Illness: _____

Any Specific Activities to be Encouraged or Limited by Physicians Advice:

Dietary Restrictions:

Medication Presently Taking (Provide Name, Dosage, and Reason for):

Date of Last Medical Examination:

The applicant is under the care of a physician and/or therapist for the following condition(s):

Current Treatment (include current medication):

Any history of lost consciousness, convulsions, or concussion? If yes, explanation of condition:

MEDICAL and/or Mental Health EMERGENCY:

I give FOCUSfish permission to SEEK EMERGENCY MEDICAL &/or MENTAL HEALTH attention for the minor if unable to contact me. The undersigned agrees that FOCUSfish and its designated leaders are not legally liable for any claim from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to FOCUSfish in conjunction with any authorized program event. My child has my approval to participate in FOCUSfish activities. In case of sickness or accident, FOCUSfish has my authorization to secure at my expense, such medical attention as deemed necessary, if unable to communicate with me immediately.

WAIVER: I release, absolve, indemnify, and hold FOCUSfish, its directors, officers, employees, and agents for any injuries my child may sustain as a participant in the program. (All participants are involved at their own risk.) I further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have read and voluntarily sign this release, waiver and policies in its entirety and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Signature of parent/legal guardian

Date

Please enclose a \$100 deposit with this form and mail to:
FOCUSfish 1107 Cherokee Topanga, CA 90290

Registration ends 2 weeks prior to start date.

Space is Limited- Only 25 each week.

Adults are Welcome!

Balance for camp dues are payable on the first day of camp at SIGN-IN