

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Please turn this form in at the Parents' Meeting.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below.
Attach additional information if needed.**

1) Complete pages 1, 2, and 3 of this camper health history form (Form1)

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies:

- No known allergies.
 This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- This camper eats a regular diet. This camper eats a regular vegetarian diet.

Physical Restrictions:

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance and prescription cards if appropriate; copy both sides of the card so information is readable.

Health Insurance Company _____ Policy Number _____

Subscriber _____ Health Insurance Company Phone Number _____

Prescription Provider _____ Policy Number _____

Subscriber _____ Prescription Provider Phone Number _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
First _____
Middle _____
Last _____
(For Camp Use) Cabin or Group _____

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Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (☆) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ☆, (DTaP) or (TdaP)						
Tetanus booster ☆ (dT) or (TdaP)						
Mumps, measles, rubella☆ (MMR)						
Polio☆(IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:
 "Medication" is any substance a person takes to maintain and/or improve their health. **All medications must be prescribed by a licensed physician . All medications must remain in the original containers with labels showing the child's name and dosing information.**
 Please provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should NOT be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) Diphenhydramine |
| antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

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Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Ever been hospitalized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Had fainting or dizziness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Ever had surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have recurrent/chronic illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Had mononucleosis ("mono") during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Had a recent infectious disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Had a recent injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Ever had back/joint problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Have a history of bedwetting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Had seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Have problems with diarrhea/constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Had headaches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Have any skin problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Traveled outside the country in the past 9 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
- Had a significant life event that continues to affect the camper's life? Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? **Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**



**MULTIJURISDICTIONAL AUTHORIZATION
AND RELEASE FOR MEDICAL AND DENTAL**

IMPORTANT: This section must be completed for attendance. *

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named person, a minor (the "minor"), hereby authorize the Downey Foundation For Educational Opportunities and its authorized directors and leaders (collectively "DFEO") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, DFEO will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that DFEO shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold DFEO harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to DFEO for use in conjunction with any event operated by DFEO, and shall be valid until revoked in writing by the undersigned or any of them.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ EXPIRES _____

NOTE: DFEO requests that, if the minor is in the custody of both parents or more than one legal guardian, both or all sign this authorization. DFEO understands that the minor is in the custody only of the person or persons who have signed this authorization.

* If for religious reasons you cannot sign this, the branch should be contacted for a legal waiver which must be signed for attendance.

PARENTS COOPERATIVE INFORMATION FORM

CHILD NAME: _____ DOB _____ AGE _____

SCHOOL: _____ GRADE _____

NICKNAME CAMPER PREFERS: _____

Friends with whom your child would like to be with at camp if possible:

1. _____
Name Age Grade
2. _____
Name Age Grade
3. _____
Name Age Grade
4. _____
Name Age Grade

CONFIDENTIAL

(To be completed by Parents or Guardians)

The information requested will greatly help the camp staff and the directors to be of the greatest service to your child. Any additional information you wish to provide either by conference or by letter will be appreciated. The purpose of this information is to provide the best camping experience for all concerned. The camp directors and staff will hold all information in strict confidence.

(Return at Parents' Meeting.)

Address	City	State	Zip Code
	()		()
Parent / Legal Guardian / or Father's Name	Business Phone	Cell Phone/Other	
	()	()	
Additional Parent / Legal Guardian / or Mother's Name	Business Phone	Cell Phone/Other	
Any Brothers? _____ Ages: _____ Any Sisters? _____ Ages: _____			
Any others living at home? _____ Are parents living together? _____ Has camper been to camp before? _____			
Where have they been to camp: _____ How long were they at camp: _____			
What do you hope your camper will get out of camp: _____			

How does your camper feel about going to camp? (Fears, Hopes, etc.) : _____

Does your child get along with playmates? Always Usually Seldom

Is camper usually with playmates.... Younger Same Age Older

What does your camper usually do with their spare time: _____

What is your camper good at doing? SCHOOL: _____

SPORTS: _____ HOBBIES: _____

MUSIC: _____ OTHER: _____

OTHER: _____

What is your child's swimming ability: _____

Does your child attend church? Regularly Occasionally Never

Name of Church _____

Other Church Activities (Youth Group, etc.) _____

What food does the camper refuse to eat: _____

Do you insist on camper eating all foods served? _____

List all foods to which the camper is allergic: _____

For what kind of behavior do you most often punish or discipline camper at home: _____

What methods of discipline have you found more effective: _____

What kinds of problems is his counselor most likely to have at camp: _____

What additional suggestions do you have for his counselor: _____

IF YOU WILL NOT BE AT THE ADDRESS THAT IS LISTED ON THE REVERSE SIDE DURING CAMP, PLEASE LIST HERE THE ADDRESS AND PHONE NUMBER (IF ANY) WHERE YOU WILL BE:

ADDRESS: _____

These questions were answered by: _____

Any other comments: _____

IF POSSIBLE PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD HERE

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF
LIABILITY AND INDEMNITY AGREEMENT
DOWNEY FOUNDATION FOR EDUCATIONAL OPPORTUNITIES**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of DFEO (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with DFEO, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into DFEO for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER DFEO FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH DFEO, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE DFEO, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with DFEO. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with DFEO. The undersigned understands and agrees that DFEO does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with DFEO.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of DFEO and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with DFEO.

The parties agree that any and all disputes, claims or controversies arising out of or relating to this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be submitted to JAMS, or its successor, for one full day of mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS for final and binding arbitration. Either party may commence mediation by providing to JAMS or to the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties shall cooperate in selecting a mediator from the JAMS panel of neutrals and in scheduling mediation proceedings. The parties shall participate in the mediation in good faith and shall equally share its costs. Either party may initiate arbitration with respect to the matters submitted to mediation by filing a written demand for arbitration at any time following the initial mediation session or at any time following 45 days from the date of the filing of the request for mediation, whichever first occurs. The arbitration shall be administered by JAMS pursuant to the California Arbitration Act (Calif.

Code of Civil Proc. § 1282 *et seq.*). The parties may file a motion for summary judgment pursuant to California Code of Civil Procedure §437c, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

Each party shall bear its own attorney's fees and costs in any proceeding to enforce or interpret this Agreement. If the initiating party does not pay its share of the arbitration fees and costs within 3 months of receiving notice that payment is due, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

No arbitration shall be brought and no cause of action shall be asserted against releases, or any of them, after the expiration of one year from the date of accrual of such cause of action, and any claim or cause of action against releases, or any of them, shall be extinguished and deemed released unless asserted by the timely filing of a written demand for mediation with JAMS and then arbitration with JAMS within such one-year period.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT KNOWING THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE.

Date

Printed Name

Signature of Applicant/Guardian

Name(s) of Child(ren) in Program

PHOTO & VIDEO/AUDIO RECORDING RELEASE

PLEASE PRINT

I, _____, **am eighteen years of age or older**, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the Downey Foundation for Educational Opportunities (collectively, "DFEO"), I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to DFEO, and to advertising agencies, agents, entities and third parties collaborating with DFEO and their representatives, if any, (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and my narrative account of my experience with DFEO activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following:

- Any materials created subject to this Release shall belong to DFEO as its property, with full right of disposition of them without my oral or written permission.
- The materials will not be subject to any obligation of confidentiality and may be shared with and used by the organizations, as well as with any third parties as DFEO may elect.
- DFEO shall not be liable for any claim arising from the use or disclosure to a third party of any of the materials.
- DFEO shall exclusively own all known or later existing rights to the materials worldwide and shall be entitled to the unrestricted use of the materials for any purpose without compensation to me or the provider of the materials.

AGREEMENT AND CONSENT

I have read and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge DFEO and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term "DFEO" in this Release specifically includes the Downey Foundation for Educational Opportunities.

Signature _____ Date / / _____ Age _____

Email Address _____ Phone _____ Cell Phone _____

Address _____

.....

I am the Mother/Father/Legal Guardian of _____ PLEASE PRINT . I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

Signature of Mother / Father / Legal Guardian _____ Date / / _____

Email Address _____ Phone _____ Cell Phone _____

Address _____

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Easter Caravan CODE OF CONDUCT AGREEMENT

DFEO seeks to provide fun, safe, and satisfying experiences for youth. It is our policy that you, the program participant, in turn accept responsibility for your own personal conduct. Specifically, you must agree to abide by the following rules:

1. I agree to NOT bring with me, nor use, nor be present during the use by others of:
 - A. Alcoholic beverages
 - B. Illegal drugs
 - C. Cigarettes
 - D. Weapons of any kind
2. I also agree to abstain from intimate interaction
3. I understand that if I break any of the above rules, DFEO and its camp counselors will notify my parents and send me home immediately.
4. I also understand that my parents will be expected to pick me up, or pay for my transportation home, and that no fee refund will be issued.

Photographic Consent Form

In exchange for its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, the absolute right and permission to take, copyright, use, and publish photographs of or concerning child name below, in whole, in part or in composite, in any and all media, for purposes of the Downey Foundation for Educational Opportunities art, advertising, education, or promotion, or for any other purpose consistent with the DFEO mission.

I agree that the photograph becomes the exclusive property of the Downey Foundation for Educational Opportunities and I waive all rights thereto. I waive all rights to inspect and/or approve any text that may be used in conjunction with the photograph and the use to which it may be applied.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

No modifications of this agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement. The photos are for the Easter Caravan program held on the week of March 28 -April 4, 2024.



Downey Foundation

FOR EDUCATIONAL OPPORTUNITIES

I have read, understand, and agree to abide by the code of conduct agreement and photographic consent form.

Parent's Name (Please Print)

Parent's Signature

Date

Camper's Name (Please Print)

Signature of Camper (Acknowledging Code of Conduct)

Address

Phone/Mobile Number