



## Guardian Authorization and Consent Request

Dear Parent or Guardian,

Your child has submitted an application to be a Volunteer Counselor at Camp Wheez 2025; a free summer camp for children ages 1-6 who have asthma. If you approve of their participation, please review and complete the attached form and return it to:

Email: [campwheez@sansumclinic.org](mailto:campwheez@sansumclinic.org)

Mail: Attn: Camp Wheez  
Sansum Clinic  
PO BOX 1200  
Santa Barbara, CA 93102-1200

Please do not hesitate to reach out to me directly if you have any questions or concerns.

Warmly,

Sarah Williams  
Volunteer Coordinator  
Camp Director  
Sansum Clinic now part of Sutter Health  
M – F, 9 am – 5 pm  
(805) 681-7635, Ext. 1384



**Guardian Authorization and Consents**

Name of Child \_\_\_\_\_ Middle initial \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of August 2025 \_\_\_\_\_ Grade as of August 2025 \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Please list any of your child’s medical conditions that camp organizers should be made aware of, including allergies: \_\_\_\_\_

My child has my approval to participate as a Volunteer Camp Counselor for Camp Wheez 2025, sponsored by Sansum Clinic, and held August 4 – August 8, 2025 at First Presbyterian Church of Santa Barbara. Counselors will be required to attend camp from 7:30 am to 1:00 pm daily, in addition to a new Counselor zoom interview (schedule to be determined) and an all-Counselor, in-person orientation on Thursday, July 31, 2025 from 2 – 4:00 pm.

- Without restrictions
- With special considerations or restrictions (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Guardian Authorization and Consents

Name of Child \_\_\_\_\_ Date of birth \_\_\_\_\_

### **AUTHORIZATION AND CONSENTS**

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

### **PARTICIPATION AND EMERGENCY TREATMENT WAIVER**

**Initial here:** \_\_\_\_\_

In consideration for being allowed to register and participate in Camp Wheez, sponsored by Sansum Clinic, held August 4 through August 8, 2025, as parent/guardian I release Sansum Clinic and its partner organization Sutter Health, along with their affiliates, subsidiaries, incorporators, physicians, board members, trustees, officers, directors, employees, agents, independent contractors and volunteers, from any liability for damages, injuries, or losses which may result from participation in Camp Wheez, including any necessary transportation. I have reviewed the scheduled activities, and my child has permission to engage in all such activities except as noted in writing by a physician or parent/guardian. I 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, my child is to be referred to an appropriate physician and all care and treatment will be at my expense.

### **PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE**

**Initial here:** \_\_\_\_\_

I consent and authorize Camp Wheez and its affiliates to use and reproduce photographs or videos of my child, taken while participating at Camp Wheez, and written comments made by or about my child in connection with Camp Wheeze, for promotional and informational materials.

Parent/guardian Signature \_\_\_\_\_

Parent/guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_