



NATURE CENTER
AT SHAKER LAKES
Conserve. Connect. Inspire.

Outdoor Adventure Camp Emergency Medical Authorization And Health Form

Complete both sides and return before your child's camp program.

One form per child is required to participate in camp.

To be completed by parent or guardian.

Purpose: Please provide complete information so that the staff can be aware of your child's needs and provide appropriate care. Any changes to this form should be submitted to camp personnel upon your child's arrival in camp.

Camper's Last Name _____ First Name _____ DOB ___/___/___ Male Female

Home Address _____ Phone _____

Parent/Guardian 1 _____ Phone _____

Parent/Guardian 2 _____ Phone _____

If Parent/Guardian is not available in an emergency, notify:

1 _____ Phone _____

2 _____ Phone _____

Other Person(s) Authorized to pick up your child:

1 _____ Relationship: _____ Phone _____

2 _____ Relationship: _____ Phone _____

3 _____ Relationship: _____ Phone _____

Camper's physician _____ Phone _____

Address _____

Camper's dentist/orthodontist _____ Phone _____

Important – Part I or Part II must be completed for camp attendance

Part I, CONSENT GRANTED

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless the Nature Center at Shaker Lakes, its staff, and appointed assistants. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities.

Parent/Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the Nature Center at Shaker Lakes to provide and seek emergency medical treatment and administer prescribed medications by certified staff. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician and dentist named above to administer treatment, including hospitalization at _____ (named hospital) or any hospital reasonably accessible, for the camper named above. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring on the necessity of such surgery are obtained prior to the performance of such surgery. This completed form may be photocopied.

By entering my name below, I assert that I have reviewed and agree to all the waivers and agreements in this section.

Signature of Parent or Guardian: _____

Printed Name _____ Date _____

Part II, REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Nature Center authorities to take no action or to: _____

By entering my name below, I assert that I have reviewed and agree to all the waivers and agreements in this section.

Signature of Parent/Guardian: _____ Date _____

Please take the time to answer all questions. Write N/A if a question does not apply. IF FORM IS LEFT BLANK IT WILL BE CONSIDERED INCOMPLETE.

Dietary Needs: Kosher Vegetarian

Does not eat: Meat Pork Dairy products Wheat Peanuts Eggs Other _____

Allergies- Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.)

List all known. Describe reaction and management of the reaction.

Does your child carry an Epi E-Z Pen? _____

If yes, please explain _____

General Mental, Social, and Emotional History:

To better serve your child, please check any of the boxes that apply to your camper:

Ever been treated for emotional or behavioral difficulties? Yes No

Ever been treated for ADD or ADHD? Yes No

Currently on an IEP (individualized education plan)? Yes No

Ever have a need for an aide at school? Yes No

Had a significant life event that continues to effect them
(i.e. death of a family member, family change, new sibling, etc.) Yes No

Please share any information about his/her behavior, physical, emotional, or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning styles, etc.

Please list any strategies used to manage any of the above concerns and/or to enhance your child's ability to be more successful and happier while with us.

Attach additional pages if necessary.

Activity Restrictions:

Explain any restrictions that might limit your child's participation (e.g., what cannot be done, what adaptations or limitations are necessary)

Medications:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire week of camp. Keep medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

My child takes **NO** medications on a routine basis. OR My child takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:
