

Camper's Name (First, Middle, Last) _____
Birthdate (mm/dd/yyyy) _____ Age (by 1st day of camp) _____ Gender _____
Grade (as of September 2018) _____ School _____
Mailing Address _____
Town/City _____ State _____ Zip _____
Parent's E-mail _____ Phone _____

Please check off which days your child is attending camp:

- Monday February 26th**
 - AM Extended Care**
 - PM Extended Care**

- Tuesday February 27th**
 - AM Extended Care**
 - PM Extended Care**

- Wednesday February 28th**
 - AM Extended Care**
 - PM Extended Care**

- Thursday March 1st**
 - AM Extended Care**
 - PM Extended Care**

- Friday March 2nd**
 - AM Extended Care**
 - PM Extended Care**



EMERGENCY CONTACT INFORMATION (To be completed by *Parent/Guardian*)

Parent/Guardian #1

Name _____ Relationship to Child _____

Occupation _____ Employer _____

Day Phone _____ Evening Phone _____

Cell Phone _____

Address (if different from camper) _____

Parent/Guardian #2

Name _____ Relationship to Child _____

Occupation _____ Employer _____

Day Phone _____ Evening Phone _____

Cell Phone _____

Address (if different from camper) _____

Two ALTERNATE EMERGENCY CONTACTS if parents are unreachable (We will always try to contact parents first).

Alternate Emergency Contact #1 _____

Relationship to Child _____ Phone _____

Alternate Emergency Contact #2 _____

Relationship to Child _____ Phone _____

Person(s) other than parent/guardian AUTHORIZED TO PICK UP YOUR CHILD

Children will *only* be released to the individuals indicated below and *only* with a written note from the parent. *(Verbal arrangements are not permitted.)*

Pick-Up Person #1 _____

Relationship to Child _____ Phone _____

Pick-Up Person #2 _____

Relationship to Child _____ Phone _____

Pick-Up Person #3 _____

Relationship to Child _____ Phone _____

HEALTH HISTORY, PART I (To be completed by *Parent/Guardian*)

Family Physician _____ Phone _____

Address _____

Health Insurance Company _____

Policy # _____

Preferred Hospital _____

Please specify if the camper has any medical conditions or history of which we should be aware (including recent surgeries, injuries or illnesses)

Hearing/Vision: Glasses Contact Lenses Hearing Aids

Any known allergies (medication, food, insects, environmental)

What is your child's reaction to his or her allergy?

Medication given for allergies (if any)

What medications does your camper take on a daily basis? What dosage? How often throughout the day?

Will your child need prescription or over the counter (OTC) medications while at camp? Yes No

*If Yes, see **Physician's Orders for Medication Section** (pg. 4). Please list medication, including inhalers, epi-pens, dosage and time taken. Any medication to be administered at camp must be clearly marked with child's name, frequency, and dosage. If a camper has a prescription for an inhaler or an epinephrine auto-injector (epi-pen), we must receive written permission from the child's parent/guardian AND physician in order for the child to possess the medication.*

HEALTH HISTORY, PART II *(To be completed by a Physician)*

Has this child been diagnosed with emotional, social or behavior concerns or disorders? Yes No

If Yes, please describe including any treatment or medications as well as the best strategies to assist the child, especially positive ones

Is this child currently under the care of a physician for any health conditions? Yes No

If Yes, please describe, including any needed treatment at camp

Description of any limitation or restriction on camp activities

Immunization Records attached *(required)*

PHYSICIAN'S ACKNOWLEDGEMENT

"I have examined this child and find him/her to be in good health and able to participate in any camp activity program."

Physician Name *(printed)* Physician Signature Date

Date of Examination _____ Physician Address/Phone _____

PHYSICIAN'S ORDERS FOR MEDICATION

Med #1 _____ Med #2 _____

Dosage/Instructions. _____ Dosage/Instructions. _____

Reason for taking _____ Reason for taking _____

Self-administered? Yes No Self-administered? Yes No

Side effects _____ Side effects _____

NO prescription medications will be administered without the completion of the above Physician's Orders and signed by both the Physician and a Parent/Guardian. By signing below, the child's parent/guardian and physician are confirming that the child has the knowledge and skills to safely possess and use (as directed with supervision) the epi-pen or inhaler at camp. All medications will be securely stored in our camp office and distributed by these orders. However, due to recent changes in State law, inhalers and epi-pens may be carried by the child with approval of the director only.

Physician's Signature Date

Parent's Signature Date

PHOTOGRAPHIC RELEASE *(To be completed by Parent/Guardian)*

We often take photographs during our camps and programs for use on our website, and in press releases, brochures, magazines, outside publications, etc. We request your permission to photograph your child while he/she participates in our classes and activities.

I hereby grant permission for Prescott Farm staff, or other persons authorized by Prescott Farm (including newspapers, television or other media outlets) to take photographs (still or video) of my child. These photographs may be used for information and promotional materials relating to Prescott Farm activities, educational programs, and conservation efforts. I understand that Prescott Farm may proceed in reliance upon this release form.

I DO NOT grant permission for Prescott Farm, or other persons authorized by Prescott Farm (including newspapers, television or other media outlets) to take photographs (still or video) of my child.

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date

PARENTAL AUTHORIZATION *(To be completed by Parent/Guardian)*

"I hereby grant permission for my child, _____, to engage in all WildQuest camp activities at Prescott Farm, except as noted in the Health History sections (pg. 3 & 4).

The health information provided is correct and complete to the best of my knowledge.

I request the camp to call me if my child is injured or becomes ill. In the event I cannot be reached in an emergency, I hereby give permission to the staff of Prescott Farm, who are properly trained and certified in First Aid and CPR to administer such care and provide OTC medications (i.e. Tylenol, Ibuprofen, Calamine for poison ivy) and prescribed medications as listed on the Physician's Order form to my child. I also authorize the camp to call the physician listed and to follow his/her instructions. In the event that the camp is unable to contact the physician, they may make whatever arrangements are deemed necessary (i.e. ambulance, emergency room, hospitalization) for my child. I agree to the release of any medical records necessary for treatment.

I agree that I have read and acknowledge the Camp Policies and Procedures.

I hold harmless and indemnify the staff of Prescott Farm and Prescott Conservancy, Inc. from any liability while providing care for my child during camp, including while on field trips.

This completed form may be photocopied for trips out of camp."

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date

