



New Canaan Nature Center

2009 Camper Information Form

144 Oenoke Ridge
New Canaan, CT 06840
203/966-9577
203/966-6536 (fax)
www.NewCanaanNature.org

Age Group (please check one):

- Finders
- Discoverers
- Explorers
- Trackers
- Eco-Rangers
- Adventurers

First day of camp date: _____

Camper information:

Camper's Name: _____

DOB: / / Grade Entering: Sex: B G

Is this child currently enrolled in BNP? Y N

Contact information:

Home Telephone: _____

Home Address: _____

City/State/Zip: _____

e-mail address: _____

Parents'/Guardians' Names: _____

Daytime Phone (1): _____

Daytime Phone (2): _____

CAR POOL PERMISSION: Your child will only be allowed to leave camp with authorized above or on the list below. Any changes or additions must be given in writing to your child's teachers. Please list babysitters, car pool partners and any friends or relatives you anticipate may pick up your child. **Parents, guardians and emergency contacts already listed above DO NOT need to be listed again below.**

I hereby grant permission to the New Canaan Nature Center to release my child to the custody of the following:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Parent/Guardian _____ Date _____

FIELD TRIP PERMISSION (Adventure Camp and Trackers): The majority of Adventure Camp programs and some Trackers programs and activities take place away from the Nature Center grounds. Parents are notified in advance, in writing, of the itinerary of all field trips and overnight excursions, including information on how the children will be transported. In order for your child to participate on these trips, you must sign below.

I grant permission for my child to leave the grounds of the New Canaan Nature Center in order to participate in Eco-Rangers and Trackers camp programs.

Signature of Parent/Guardian _____ Date _____

Emergency information:

Emergency contacts (authorized to remove child from premises):

1) Name: _____

Daytime Phone: _____

2) Name: _____

Daytime Phone: _____

Child's Doctor: _____

Office Phone: _____

Health Insurance Carrier: _____

Insured's name: _____

Policy or Group #: _____

VERY IMPORTANT: Please list any known allergies, medications, physical limitations, special needs, emergency medical information or anything else we should know about your child:

Please sign releases and return form to the New Canaan Nature Center by May 22, 2009!

EMERGENCY RELEASE: The health information provided on this and the medical/health history form is complete and correct so far as I know. The person described herein has my permission to engage in all camp activities except as noted by me or the examining physician.

In the event of an emergency, I hereby give permission for the staff of the NCNC to administer first aid and/or obtain emergency medical treatment for the child herein described. If my child has been prescribed medication to treat an allergic reaction (including but not limited to an Epi-Pen or inhaler) I hereby give permission for my child to self-administer said medication at NCNC. I understand that every effort will be made to contact me and/or emergency listings. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injection, anesthesia or surgery for the person named above. I understand that, if necessary, this child will be transported by New Canaan Ambulance Corps to Norwalk Hospital. In the case of campers who are away from NCNC grounds, I understand that, if necessary, this child will be transported to the nearest emergency facility. I agree that any cost incurred for transportation and/or treatment will be my responsibility.

Signature of Parent/Guardian _____ Date _____

PHOTO RELEASE: I hereby give permission for my child's photograph to be taken while participating in camp activities and to be used in New Canaan Nature Center publications, and for advertising and promotions for the New Canaan Nature Center.

Signature of Parent/Guardian _____ Date _____

