



New Canaan Nature Center

Explorers 2008

2008 Summer Explorers Program -- Camper Information Form

Camp Week (please check appropriate week(s):

- Wildlife Discovery Camp
 Sea Sl
 The Untouchables
 Here Today, Gone Tomorrow
 Wildlife in Jeopardy
 Natural Expressions
 Mysteries of the Night

Camper information:

Camper's Name: _____

DOB: / / Grade Entering: Sex: B G

Special Friend _____
(Both you and the parents of the other child must make this request.)

Contact information:

Home Telephone: _____

Home Address: _____

City/State/Zip: _____

e-mail address: _____

Parents'/Guardians' Names: _____

Daytime Phone (1): _____

Daytime Phone (2): _____

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 (**including medications taken during the school year but not in the summer**):

Please sign releases & return this form to the New Canaan Nature Center by May 30, 2008!

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 (Adventurers, Trackers And Eco-Rangers): The majority of the Adventurers and Eco-Rangers 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.

Signature of Parent/Guardian _____ Date _____

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 _____

**New Canaan Nature Center
YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF
Physical Exams Are Valid For 3 Years
From Date of Last Examination**

Please Return Completed Form to Camp

- Camper
 Staff

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:
Date of Exam _____**

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO
If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number