



New Canaan Nature Center

**Finders  
2008**

**2008 Summer Finders Program -- Camper Information Form**

**Camp Week (please check appropriate week(s):**

- Nature ABC's
- Teaming with Nature
- It's a Jungle Out There!
- Puddle Stompers
- Small Wonders
- Colorful Creations
- Let's be Sensible
- Hooray for Herps

**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