

INGHAM COUNTY PARKS EXPLORING NATURE DAY CAMP

Session Number _____ Dates _____ Time _____
Camp Session Number & Dates: _____ / _____ to _____ / _____ AM to _____ PM
_____ / _____ to _____ / _____ AM to _____ PM

Camper Name: _____

Sex: _____ Age: _____ Grade (Just completed) in School: _____

Is camper allergic to bee stings? NO _____ YES _____

(If yes, please provide any medications to counter reaction: Benadryl, Epinephrine pen, etc.)

Does Camper have any allergies to certain foods, and/or medications? NO _____ YES _____

If yes, please list here: _____

Are camper's immunizations current? NO _____ YES _____

Does camper have any medications that will have to be administered while at camp? NO _____ YES _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Dispensing methods: _____

I hereby grant the Camp Naturalist permission to dispense medication if brought to camp:

Parent/Guardian Signature: _____

Parent/Guardian Information:

Name: _____ Address: _____

City: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

PLEASE SEE BACK OF FORM

This form must be turned in on the first day of Camp that your child is attending.

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Family Physician Name:	Phone:
Do you give the Ingham County Parks Department permission to summon paramedics and transport your child to the hospital, if considered necessary? Yes _____ No _____	
Do you give your doctor or emergency services personnel the authority to treat your child in an emergency if you cannot be reached? Yes _____ No _____	
Emergency Care Hospital preferred (Ingham Medical Center is the closest): _____	

Camper Pick Up

The individuals listed here may also pick up my child from Burchfield Park Nature Day Camp.

Special Health and/or Behavioral Considerations

This information is necessary for the park staff to ensure all of the camper's safety and enjoyment while at camp. Please include as much information as possible.

Does camper have any special health considerations? YES _____ NO _____

If yes, please explain:

Does camper have any special behavioral considerations? YES _____ NO _____

If your child falls anywhere on the autistic spectrum please provide information regarding triggers and/or behavior that may be exhibited—i.e. runner, wanderer, eats non-edible items, etc.

If yes, please explain:

Photography Release: Pictures taken of my child while at Burchfield Nature Day Camp may be used by the Ingham County Parks Department for marketing purposes. Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____

Please feel free to provide any additional comments on a separate sheet of paper

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