

Health & Parental/Guardian Informed Consent Form Summer Camp 2024

Camper Name: _____

Male Female Gender Neutral

Preferred Pronoun (opt.): _____

Birth Date _____

Age (a/o 9/1/24): _____

Grade in September: _____

Please indicate all camps being attended by checking week AND selecting camp

Location Note: C = Chandler Mill Nature Preserve; M = Myrick Conservation Center; S = Saalbach Farm

		4 & 5		6 & 7		8 & 9		10 & 11		12 - 15		Multi	
<input type="checkbox"/>	June 24 th – 28 th	Tiny Trekkers (M)	Hip Hikers (M) Wondrous Walkers (M)	Water Wizards (M)	Peaceful Paddlers (M)	Shooting Stars (M)							
		WILD Wanderers (C)			Topsides (C)								
<input type="checkbox"/>	July 1 st - July 3 rd	Incredible Inch Worms (M)	Wonderful Whirligigs (M)	Daring Dragonflies (M)	Crawling Crayfish (M)								
		Wiggly Worms (C)		Slithering Snakes (C)									
<input type="checkbox"/>	July 8 th – 12 th	Lenni Lenape (M)	Prairie Pioneers (M)	Colonial Colonists (M)		Happy Homesteaders (M)	Saalbach (S)						
<input type="checkbox"/>	July 15 th – 19 th	Puddle Jumpers (M)	Creek Stompers (M) River Rafters (M)	Swamp Busters (M)	Wetland Waders (M)	Tough Mudders (M)							
		Dew Drops (C)			Mysterious Marshes (C)								
<input type="checkbox"/>	July 22 nd – 26 th	Tour Guides (M)	Fearless Foresters (M)	Noteworthy Naturalists (M)	Adventure Outfitters (M)	Eco Experts (M)							
		Tinder Bundles (C)			Storm Chasers (C)								

Camper Name: _____

		4 & 5	6 & 7	8 & 9	10 & 11	12 - 15	Multi
<input type="checkbox"/>	July 29 th – Aug. 2 nd	Whispering Willows (M)	Cultivated Cattails (M)	Magical Maples (M)		Variegated Vegetables (M)	Saalbach (S)
<input type="checkbox"/>	Aug. 4 th – Aug. 9 th	Friendly Frogs (M)	Migrating Mammals (M)	Tenacious Turtles (M)	Willful Walleys (M)	Birds Of Prey (M)	
				Leaping Lizards (M)			
		Feathered Friends (C)		Rainbow Trouts (C)			
<input type="checkbox"/>	Aug. 12 th – 16 th		Tiny Troopers (M)	Myrick Marvels (M)			

Parent/Guardian's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell Phone _____ Home Phone _____ Work Phone _____

Parent/Guardian's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contacts: (If guardians above cannot be reached)

1. Name: _____ Relationship to Camper: _____

Cell Phone _____ Home Phone _____ Work Phone _____

2. Name: _____ Relationship to Camper: _____

Cell Phone _____ Home Phone _____ Work Phone _____

Camper Name: _____

Medical Information:

Doctor: _____ Office Phone _____

Dentist: _____ Office Phone _____

Insurance Carrier: _____ Group / Policy #: _____ ID #: _____

Consent Given: If my child needs emergency medical care and no one can be contacted at the above phone numbers, I give my consent for the transportation of my child by ambulance or a Brandywine Red Clay Alliance staff member and for the administration of any treatment deemed necessary by licensed medical personnel.



Signature of Parent/Guardian

Date

Year of last tetanus shot: _____ Height: _____ Weight: _____

Has your child ever experienced food allergies? Yes No
If yes, to what? _____
What was the severity of the reaction? _____
Is medication required in case of reaction? _____
Medication: _____ Dosage: _____ Time: _____

Has your child ever been stung by a bee? Yes No
If yes, did s/he have an allergic reaction? Yes No
If yes, what was the severity of the reaction? _____
Is medication required in case of reaction? _____
Medication: _____ Dosage: _____ Time: _____

Has your child ever been exposed to poison ivy? Yes No
If yes, did s/he have an allergic reaction? Yes No
If yes, what was the severity of the reaction? _____
Is medication required in case of reaction? _____
Medication: _____ Dosage: _____ Time: _____

Has your child ever had a concussion? Yes No
If yes, when? _____

Does your child have asthma: Yes No
If yes, what type? _____
Is medication required? _____
Medication: _____ Dosage: _____ Time: _____

Does your child have diabetes: Yes No
Is medication required? _____
Medication: _____ Dosage: _____ Time: _____

Camper Name: _____

Please check any of the following that apply to your child:

Glasses/Contacts Orthodontics Hearing/Speech Impairment Prosthetics

Does your child have or has ever had:

ADHD Behavioral / Emotional Support At School

Are they currently taking medication for either of the above? Yes No

Medication: _____ Dosage: _____ Time: _____

Please share any triggers and/or coping mechanisms that would enable staff to best care for your child:

Does your child have any other limitations or medical concerns (including allergies not mentioned):

Yes No

Please describe: _____

If your child takes any medication, please read the important information in this box

BRC staff will **not** administer medications of any kind. If your child requires medication during the camp day, please sign it in with their counselor during Monday drop-off. At no time, is your child permitted to carry their own medication. *There are no exceptions.*

At your written request, BRC staff will remind your child when the medication is due. However, the care and administration of the medication remains the sole responsibility of you and your child.

Will Your Child Have An Inhaler At Camp? Yes No

Will Your Child Have An Epi Pen At Camp? Yes No

If not indicated above, please indicate below any additional medication(s) that your child will bring to camp.

Medication: _____ Taken for: _____ Dosage: _____ Time(s) of day: _____

Medication: _____ Taken for: _____ Dosage: _____ Time(s) of day: _____

I request that my child be reminded to take any medication specified on this form.

Signature of Parent/Guardian

Date

Camper Name: _____

Child's swimming ability: Non-swimmer Weak Fair Good Excellent

Who will be picking up your child each day? No camper will be released to anyone not on this list without written permission from his/her parent or guardian. Please include parent and guardian names.

- | | |
|---|---|
| 1. _____
Last Name, First Name # h | 2. _____
Last Name, First Name # h |
| 3. _____
Last Name, First Name # h | 4. _____
Last Name, First Name # h |
| 5. _____
Last Name, First Name # h | 6. _____
Last Name, First Name # h |

Consent for Participation:

I am the parent or guardian of _____ and I consent to his/her participation in the summer camp program administered by the Brandywine Red Clay Alliance. This includes, if applicable, all off-site field trips (and associated transportation) that are outlined in the program description. I understand the types of activities that the camp program involves may include risk of physical injury. I understand that the Brandywine Red Clay Alliance cannot safeguard against all such injuries and expressly agree to assume risk of and, to the fullest extent permitted by law, waive and release the Brandywine Red Clay Alliance and its officers, directors, agents and employees from any claim of liability for personal injury and any other loss, damages or injury incurred by my child during the program.

Signature of Parent/Guardian

Date

Photo / Video Release:

I grant permission to Brandywine Red Clay Alliance and its employees the irrevocable and unrestricted right to produce photographs and videos taken of my child for any lawful purpose including publication, promotion, advertising, or historical archive in any manner or in any medium. I hereby release Brandywine Red Clay Alliance and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I waive my right, and my child's right to any and all compensation stemming from the use of these materials.

Signature of Parent/Guardian

Date

Please Note: All data is confidential and will only be used to alert staff to special circumstances or to determine staffing and alternative teaching methods and materials used.

<u>PARENT NOTES</u>	<u>OFFICE NOTES</u>