

# CARPENTER ST. CROIX VALLEY NATURE CENTER

www.CarpenterNatureCenter.org/ 651-437-4359

**Please note: In compliance with safety guidelines for Covid-19, please do not bring your child to the day camp if he/she is not feeling well, has recently had close contact with a person with Covid-19 or has any of the symptoms of Covid-19.**

## Day Camp Participant Information

Please complete the following information as thoroughly as possible. The information on this form is intended for use by CNC staff and medical personnel in the event of an emergency. Confidentiality will be strictly maintained.

Program Topics & Dates: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who will be picking up your child?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Backup: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Please tell us about your child...

Medications: (Name of drug, dosage, times administered, condition)

\_\_\_\_\_

Any specific health issues (i.e. asthma, diabetes, etc.):

\_\_\_\_\_

Allergies to food and/or medications: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Last physical exam: \_\_\_\_\_ Last tetanus immunization: \_\_\_\_\_

Hearing or visual impairments: \_\_\_\_\_

Physical or emotional limitations: \_\_\_\_\_

Is there anything else that CNC staff should know in order to create a positive experience for your child? (i.e. fears, habits, favorites, etc.)

\_\_\_\_\_

(continued on the other side)

Child's Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

I give permission for the staff at CNC to:

- Take photographs or videos of my child in camp activities that might be used in CNC promotional materials (newsletters, brochures, annual reports, webpages, Facebook, Instagram, exhibit displays, newspapers, magazines, or television news). If I wish to revoke this permission, I will attach a written note to this liability waiver form.
- Provide a snack (individually wrapped pre-packaged) if your child did not bring one
- Apply sunscreen (parent provided) only if needed – **please apply before dropping off your child**
- Apply bug spray (parent provided) only if needed – **please apply before dropping off your child**

**Participant's Waiver**

*I understand and agree that my child is participating in Carpenter Nature Center's programs voluntarily and at my own risk. I will not hold the Carpenter Nature Center or its officers, directors, or employees liable for any negligence or alleged negligence or other fault (not including intentional acts) that results in personal injury, death, or property damage during or in connection with the above program. The undersigned, for myself and for my heirs, executors, administrators and assigns, hereby releases and forever discharges the Carpenter Nature Center and its directors, officers, and employees from all such claims. This waiver will be construed according to the law of the State of Minnesota.*

**Medical Release**

*I, the undersigned, hereby give my permission for the Carpenter Nature Center to procure all necessary medical help for my child while he/she is under the direct supervision of the Carpenter Nature Center, and grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. I authorize the Carpenter Nature Center staff to administer emergency medication that I provide. I will ensure that my child carries the emergency medication on his or her person at all times. There is no health insurance or medical coverage provided. The acceptance of these policies acknowledges that the participant/guardian accepts responsibility for payment of any medical treatment which may be required while they are in this program.*

**COVID-19 Warning and Disclaimer**

*Carpenter Nature Center has developed policies and procedures for camp operations based on guidelines from the CDC and the MN Department of Health. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in camp programs or accessing the nature center facilities could increase the risk of contracting COVID-19. While camp staff will make efforts to ensure social distancing and safety measures, they are not able to enforce compliance at all times among all participants and the undersigned understands that Carpenter Nature Center will not be able to ensure that social distancing and safety measures are followed at all times. By participating in camp, the undersigned, individually, and on behalf of the child or children named herein, does hereby acknowledge potentially heightened risk of transmission of COVID-19, and knowingly assumes that risk and waives any claim related thereto.*

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form before the first day of day camp.*** Children will not be allowed to participate without a "Participant Information" form on file. If medications are to be administered during the camp day, parents will be asked to fill out a separate form upon arrival. If there is a condition which may need special consideration (i.e. mobility problems, allergies), please contact CNC staff as soon as possible so that we may plan accordingly. We strive to involve and engage every participant in all camp activities!