

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. We strongly recommend Covid-19 vaccinations for all campers. Vaccinations are required for the canoe trip participants.

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: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact (other than parent): _____

Relationship: _____ Phone: _____

Who will be picking up your child?

Name _____ Relationship _____

Backup Name _____ Relationship: _____

If there is anyone not allowed to pick up your child, please list the names:

Please tell us about your child...

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

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

Allergies (food/medications/other): _____

Last physical exam: _____ Last tetanus immunization: _____

Swimming experience: _____

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.)

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
- Take my child swimming or allow them to play in the water with CNC staff supervision
- Apply sunscreen (parent provided) if needed – **please apply before dropping off your child**
- Apply bug spray (parent provided) 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.

I agree to the above participant waiver and medical release. I understand the risk involved with COVID-19 and am voluntarily accepting this risk.

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!

COVID-19 Health Screening

Child's Name: _____ Temp: _____

TO BE COMPLETED THE MORNING OF THE DAY CAMP

Carpenter Nature Center has developed policies and procedures for camp operations based on guidelines from the CDC and the MN Department of Health. **Before coming to the Nature Center for any of the day camps please complete the following form and turn it in to a CNC staff person upon arrival.**

I agree to abide by the following procedures established by Carpenter Nature Center. Please initial below:

_____ I will alert CNC if camper or anyone in campers household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of camp. I understand that the Nature Center will deny admission to campers meeting any of these criteria.

_____ I will alert the Nature Center if anyone in campers' household is diagnosed with COVID-19. I understand that the Nature Center will deny admission to campers meeting this criteria.

_____ I can return to the camp within one hour of being notified by phone if the child must be picked up.

_____ I will take camper(s) temperature each morning prior to camp drop off and understand that if a child has a fever of 100.4 or higher they will be denied admission to camp.

_____ I understand if camper has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours they may not attend camp.

_____ I understand that camp may need to close on short notice due to government order, child or staff illness, or other emergency. I will provide emergency contact information to CNC staff.

Please answer the following questions on how the camper is feeling today.

Does your child have any of the following symptoms?

Fever or chills	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No
Has your child been in close contact with a confirmed case of COVID-19?	Yes	No

If you answered yes to any of these symptoms or have experienced symptoms in the past 72 hours your child will not be allowed to attend the day camp at CNC and you should contact your medical provider.

Parent/Guardian Signature

Today's Date