



DISCOVERY DAY CAMP PERMISSION FORM

Camper Name: (please print) _____

Camp Session: _____

The Nature Institute needs permission from the camper's parent/guardian on the following:

PARENT/GUARDIAN'S AGREEMENT TO POLICY ON PHOTOGRAPHS

During camp your child's photo may be taken. These photographs may be used in our Camp Newsletter, website, social media accounts, brochures, annual reports, advertising, and/or any other publications. We appreciate you taking the time to sign this permission agreement so that we can comply with privacy laws

_____ I give The Nature Institute permission to use my child's photograph in publications and advertising.

_____ I ***DO NOT*** give The Nature Institute permission to use my child's photograph in publications and advertising.

Parents Signature _____ Date _____

PARENT/GUARDIAN'S AGREEMENT TO CAMP POLICY ON BEHAVIOR AND RULES

I have read and fully understand The Nature Institute's *Discovery Day Camp Policy on Behavior and Rules* and I have discussed the policy with my camper and agree to the terms of the policies.

X _____
Signature of Parent or Guardian _____ Date _____

PARENT/GUARDIAN'S AGREEMENT TO POLICY ON SUNSCREEN and PEST REPELLENT

Name of Sunscreen/SPF# and Repellent: _____

Your child's counselor will assist with applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

I understand that sunscreen and repellent will be applied by TNI staff to my child before activities.

Parent Signature _____

Special Instructions:

_____ I do not want my child to use any sunscreen or repellent other than the one that she/he brings.

_____ In the event that my child's sunscreen or repellent is not readily available, my child may use the sunscreen or repellent provided by the camp



Discovery Day Camp

Rules and Behavior Policy

Dear parent/guardian,

Please review the Rules and Behavior Policy **before** your child attends the first day of camp. Please sign and return Permission Form to the Camp Director.

- 1) Appropriate clothing must be worn at all times. Closed toe-shoes are **required** on hikes. **No flip flops or crocs!** Campers may bring sandals to wear when changing clothes after water games and to go home in. Please no swimsuits or clothing that does not fit properly. Parents will be called and asked to bring appropriate clothing for camper if needed.
- 2) *3 Strikes and You Are Out Rule* will apply to misbehavior. Counselors will note the first offense with a verbal warning on the warning sheet. After the second warning, campers will be asked to sign the warning sheet that will be given to parents/guardians and put in the Camp Director's file. After the third warning, campers will be asked to sign the sheet again and parents/guardians will be called to take camper home. This rule applies to, but is not limited to, the following:
 - Violence towards another camper or counselor
 - Swearing
 - Disrespecting a counselor
 - Disobeying a counselor
 - Leaving porch area without permission
 - Refusing to participate in group activities
 - Leaving assigned group without counselor's permission
 - Talking or misbehaving during guest speaker programs
 - Stealing
 - Use of alcohol or illegal drugs
 - Bullying

Talahi Lodge Rules

- 1) NO RUNNING on or around the porch.
- 2) NO RUNNING inside the Lodge.
- 3) No sitting on the deck railing.
- 4) No climbing on or through deck railing.
- 5) All campers must be with assigned group at all times.
- 6) Please put games, toys, supplies, and other materials away after each use.
- 7) All trash and recyclables should be picked up and disposed of in trash cans or recycling bins.
- 8) Do not go near the maintenance shed.
- 9) Do not throw sand, rocks, or bones.
- 10) Do not climb on top of the Burrow and only 3 people at a time in the Burrow AND Eagle's Nest.

Questions or concerns? Please contact Ramona Puskar, Camp Director, at (618) 466-9930



Discovery Day Camp- Camper Pick-Up Form

Please complete the form below relating to those persons who have your permission to pick up your child from Discovery Day Camp. Please provide any additional information necessary in the space provided.

**The following people are authorized to pick up my child from The Nature Institute's Discovery Day Camp.
I authorize the release of my child to their care.**

Camper's name (please print)

Camp Session(s)

First

Last

Parent/Guardian Name _____ Phone # () _____

Parent/Guardian Name _____ Phone # () _____

Both parents are approved for pick up unless otherwise noted

Please list ALL OTHER individuals authorized to pick up your child from camp:

Name (Please print)

Relation

Phone Number

_____ () _____

_____ () _____

_____ () _____

Additional Information:

Parent/Guardian Signature

Date _____



CAMPER HEATH HISTORY FORM

Please complete the form below relating to your camper's health history. The Nature Institute does not require documentation from your doctor's office. This is the only information needed for Discovery Day Camp.

Are your child's immunizations up to date? (circle one) YES or NO

If you answered no above, please explain:

Does your child have any allergies? Please review allergy procedure sheet included in this packet.

- | | |
|---|--|
| <input type="checkbox"/> No known allergies | <input type="checkbox"/> The Environment (insect, hay, etc.) |
| <input type="checkbox"/> Food* | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicine | |

Please describe below what your camper is allergic to and the reaction seen:

**If your child has food allergies listed above, please fill out the Food Allergy Action Plan form on page 7. If your child does not have a food allergy, please disregard.*

Diet and nutrition

- Camper eats a regular diet
- Camper eats a regular vegetarian diet
- Camper has special food needs

Please describe: _____



After reviewing the program, do you feel your camper has any health restrictions?

- I have reviewed the program and feel the camper can participate without any restrictions
- I have reviewed the program and feel the camper can participate with the following restrictions or adaptations.

Please describe below:

Please describe any major recurring illnesses or injuries that our camp staff needs to be aware of.

CHILD'S HEALTH INSURANCE INFO

This camper is covered by family medical/hospital insurance. (Circle one) YES or NO

Insurance Company: _____

Policy Number: _____

Subscriber: _____

Insurance Company Phone Number: _____

*Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.



PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature:

Printed Name of Custodial Parent/Guardian

Printed Name of Custodial Parent/Guardian

Date: _____

Relationship to camper

IF YOU CANNOT SIGN THIS DOCUMENT FOR REASON OF RELIGION, ETC., PLEASE CONTACT THE CAMP FOR A LEGAL WAIVER WHICH MUST BE SIGNED FOR ATTENDANCE.



Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____

Place
Child's
Picture
Here

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

Give Checked Medication**:

(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

| Name/Relationship | Phone Number(s) |
|-------------------|---------------------|
| a. _____ | 1.) _____ 2.) _____ |
| b. _____ | 1.) _____ 2.) _____ |
| c. _____ | 1.) _____ 2.) _____ |

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)