Leslie Science & Nature Center
JUNE 2016-MAY 2017 EMERGENCY AND RELEASE FORM

Child's Name _____ _____
(Last) (First)

Program(s) Attending _____

Date of Birth _____ Gender _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Parent/Family Email(s) _____

Emergency Contacts and Release Authorization

In the area below, please list, in order of priority and **including yourself,** individuals to be contacted in the event your child becomes ill or injured at LSNC. In addition, please include the names and information of individuals to whom your child can be released at pick-up, such as a friend, neighbor, or babysitter. Attach additional sheets if necessary.

Child Release Policy: Anyone (**including parents**) picking up a child from LSNC **must present photo ID at pick-up** and must be authorized on the list below. Whenever possible, we request that guardians notify staff regarding who will be picking up their child. Additions to this list must be made in writing by the person filling out this form.

If you are a custodial parent requesting that your child **not** be released to a non-custodial parent, please make this request in writing, identifying the non-custodial parent by name. ☐ **Please check if you have made this request.**

Name	**Relationship**	**Phone Number(s)**
Emergency Contacts and Release of Child		
1.		
2.		
3.		
Release of Child Only: List all individuals, other than those listed above, to whom your child may be released.		
4.		
5.		
6.		

Signature of Parent or Guardian _____

Print Parent/Guardian Name: _____ **Date:** _____

LSNC Office Use Only:

___ No Photo

___ Allergies: _____

___ Medical: _____

___ Other: _____

Additional Staff Notes:

Form Renewal Needed: June 2017

Insurance/Physician Information

Do you have medical insurance? _____ Insurance Company _____ Policy # _____

Name of Family Physician _____ Phone _____

Health History

Are your child's immunizations are up to date/current? ☐ YES ☐ NO Please Initial: _____

Year of last Tetanus/Booster: _____ (Records of immunizations may be required if a disease outbreak occurred.)

If "No," have you obtained a non-medical waiver? ☐ YES ☐ NO

Medication Policy

If your child needs to take prescription or non-prescription medicine while at LSNC, the parent or guardian will need to complete and submit a **Medication Authorization Form.** All medication must be in its original container or package and clearly labeled. The child's name must be printed on the label of all prescription medication. Please be sure to check that medication does not expire before a child's last day at LSNC.

Please list any medications taken on a daily basis, including over-the-counter medications:

Asthma Management Plan

Does your child have asthma? ☐ YES ☐ NO

If YES, will they carry an inhaler? ☐ YES ☐ NO

If YES, does your child need staff help to use the inhaler? ☐ YES ☐ NO

If YES, what triggers your child's asthma? _____

Allergy Management Plan

Please list known allergies. Please attach a treatment plan or explain treatment to be given in the space provided. If needed, please contact the Program Manager, katie@lesliesnc.org, so that we can prepare for a positive experience.

Allergen (please specify)	Allergy Type	Signs of Reaction and Treatment
Food:	☐ Ingestion ☐ Contact ☐ Airborne	
Nut:	☐ Ingestion ☐ Contact ☐ Airborne	
Insect Stings:	☐ Contact	
Medicine/Drugs:	☐ Ingestion ☐ Contact ☐ Airborne	
Other:	☐ Ingestion ☐ Contact ☐ Airborne	

Diet and Nutrition Please check all that apply:

☐ No Special Diet ☐ Lactose Intolerant/Dairy Free ☐ Vegetarian ☐ Gluten Intolerant/Wheat Free

☐ Vegan ☐ Other (specify) _____

Health Record Please check all that apply:

☐ Recent injuries ☐ Migraines ☐ Bleeding/Clotting

☐ Chronic Illness ☐ Seizures ☐ Diabetes

☐ Mononucleosis ☐ Physical disabilities. ☐ Hospitalization/Surgery

☐ Heart Problems ☐ Other (specify) _____

Please explain any injuries or conditions checked above.

If needed, use a separate explanation sheet. If needed, please contact the Program Manager, katie@lesliesnc.org, so that we can prepare for a positive experience.

Mental and Emotional Health Has your child been diagnosed/treated for these conditions? Check all that apply:

☐ ADD ☐ AD/HD ☐ ASD ☐ Developmental Disabilities ☐ Bi-Polar

☐ ODD ☐ OCD ☐ Depression ☐ Learning Disability ☐ Anxiety

Please explain any mental/emotional health conditions checked above: *If needed, complete a Neurodiversity Support Plan and/or contact the Program Manager, katie@lesliesnc.org, so that we can prepare for a positive experience.*

Reasonable Accommodations

Reasonable Accommodation Policy: LSNC will make every effort to provide reasonable accommodations for children with disabilities or physical restrictions. Requests for accommodation must be made in writing to the Program Manager, katie@lesliesnc.org, at least two weeks prior to your program.

Are there restrictions on your child's activity while at LSNC, or will your child need accommodations? ☐ **YES** ☐ **NO**

If YES, please explain:

Primary Languages

Does your child speak a primary language other than English? ☐ **YES** ☐ **NO**

If YES, what language(s) does your child speak? _____

Anything Else? Is there anything else that we should know about your child, home, or family situation?

Blanket Permissions Please read and initial if you grant permission:

_____ (Initial) I grant my permission for the Leslie Science & Nature Center Staff to apply family-provided sun screen and insect repellant to my child if my child cannot or struggles to apply it themselves.

_____ (Initial) The Leslie Science & Nature staff occasionally take photos of activities to be used in print and digital marketing materials. I allow my child to be photographed for this purpose.

Authorization to Treat Minor I hereby certify the following information to be true:

Full Name of Minor _____ Date of Birth _____

And I do hereby certify that to the best of my knowledge and belief said minor(s) is/are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child/ children. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless [Leslie Science & Nature Center] and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in the above noted event.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to engage in all activities, except as noted.

Parent/Guardian Signature _____ Date_____

Parent/Guardian Printed Name _____

Please submit forms by email to: emergencyforms@lesliesnc.org. If you cannot send an email version of the form, fax it to 734-997-1072 or mail a hard copy to: Leslie Science & Nature Center, 1831 Traver Rd, Ann Arbor, MI 48105.