

Leslie Science & Nature Center
JUNE 2017-MAY 2018 PARTICIPANT EMERGENCY & RELEASE FORM



Participant Name _____ (First) _____ (Last)

Program Dates Attending (Please list all): _____

Date of Birth _____ Gender _____ Grade Completed June 2017 __Y5 __K __1 __2 __3 __4 __5

Street Address _____ City _____ State _____ Zip _____

Emergency Contacts and Participant 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 during the program. 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.

Participant Release Policy: Anyone (**including parents**) picking up a child from an LSNC program **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 to and authorized by the Camp Director. If you are a custodial parent requesting that your child **not** be released to any individual, please make this request in writing to the Camp Director, including name and photo if possible. **Please do not release my child to individuals listed on the attached note.**

Name	Relationship	Phone Number(s)
1. (parent/guardian signing this form)		
2.		
3.		
4.		
5.		
6.		

Signature of Parent or Guardian _____

Print Parent/Guardian Name: _____ Date: _____

<p>LSNC Office Use Only:</p> <p>___ No Photo</p> <p>___ Allergies: _____</p> <p>___ Medical: _____</p> <p>___ Other: _____</p>	<p>Additional Staff Notes:</p>
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Participant Name: _____

Diet and Nutrition

Please check all that apply:

- No Special Diet Lactose Intolerant/Dairy Free Vegetarian Gluten Intolerant/Wheat Free
- Vegan Other (specify) _____

Restroom Accommodations: Does the participant require access to a gender-neutral restroom? YES NO

Insurance/Physician Information

Insurance Provider _____ Policy # _____

Name of Physician _____ Physician Phone # _____

Immunization History

Are the participant's immunizations are up to date/current? YES NO

Physical Health History 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 Camp Director so that we can prepare the best experience possible, 734-531-6052, etta@lesliesnc.org.

Asthma Management Plan

Does the participant have asthma? YES NO

If YES, what triggers the participant's asthma? _____

If YES, do they need to carry the inhaler themselves? YES NO

If YES, does the participant need staff help to use the inhaler? YES NO

Allergy Management Plan

Please list known allergies. Please attach a treatment plan or explain treatment to be given in the space provided. All camp Allergy and Medication Policies pertain to minor participants. Info online: <http://www.lesliesnc.org/camps/FAQ>

Allergen (please specify)	Allergy Type	Signs of Reaction and Treatment
Food:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Nut:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Insect Stings:	<input type="checkbox"/> Contact	
Medicine/Drugs:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Other:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	

Mental and Emotional Health Please check any for which the participant has be diagnosed/treated:

- ADD AD/HD ASD Developmental Disabilities Bi-Polar
- ODD OCD Depression Learning Disability Anxiety

Please explain any mental/emotional/social health diagnoses. *If needed, attach a Neurodiversity Support Plan or note and contact the Camp Director, 734-531-6052, etta@lesliesnc.org so that we can prepare for a positive experience.*

Participant Name: _____

Medication Policy

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

Please list any medications taken regularly, including over-the-counter medications:

Reasonable Accommodations

Reasonable Accommodation Policy: LSNC will make every effort to provide reasonable accommodations for campers with disabilities or physical restrictions. Requests for accommodation must be made in writing to the Camp Director at least two weeks prior to camp: etta@lesliesnc.org.

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 we should know about the camper, their home life, family situation, etc.?

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 repellent to my child if my child cannot or struggles to apply it themselves.

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

_____ (Initial) I grant permission for my child to participate in off-campus field trips that will be specifically noted on the first day of camp. Examples include (but aren't limited to): Walking to Northside School, hikes through Black Pond Woods to Leslie or Olson Park, and trips to the Arboretum or Farmers' Market via AATA public bus.

Authorization to Treat Minor

I hereby certify the following information to be true. 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 camp 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.