

For CEWC Use Only  
Health Screening \_\_\_\_\_  
Updates  Yes  No

Charlie Elliott Wildlife Center

For CEWC Use Only  
Program \_\_\_\_\_  
Session \_\_\_\_\_

**CAMPER HEALTH RECORD AND EMERGENCY INFORMATION**

To be completed by parent or guardian of camper

<b>Name (Last, First, Initial)</b>		<b>Birth Date</b>	<b>Grade</b>	
<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b> ( )
<b>Parent/Guardian's (1) Name</b>		<b>E-Mail Address (For CEWC use only)</b>		<b>Home Phone</b> ( )
<b>Place of work</b>	<b>Title</b>			<b>Work Phone</b> ( )
<b>Parent/Guardian's (2) Name</b>		<b>E-Mail Address (For CEWC use only)</b>		<b>Home Phone</b> ( )
<b>Place of work</b>	<b>Title</b>			<b>Work Phone</b> ( )
<b>Name of Alternate Emergency Contact If Parent/Guardian are Unavailable</b>		<b>Relationship</b>		<b>Home Phone</b> ( )
<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>	<b>Work Phone</b> ( )

**INSURANCE INFORMATION, PLEASE COMPLETE THE FOLLOWING:**

<b>Carrier</b>	<b>ID Number</b>	<b>Group Number</b>		
<b>Member Services Phone Number</b> ( )	<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>

**HEALTH HISTORY: (Check those that apply)**

**DISEASES:**

- Chicken Pox
- Measles
- German Measles
- Mumps
- Rheumatic Fever
- Tuberculosis
- Kidneys

**ALLERGIES:**

- Animals: \_\_\_\_\_
- Food: \_\_\_\_\_
- Hay Fever
- Insect Stings
- Medicine/Drugs: \_\_\_\_\_
- Plants: \_\_\_\_\_
- Pollen
- Other (specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CHRONIC or RECURRING ILLNESS:**

- Ear Infections
- Heart Defect/Disease
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorders
- Arthritis
- Sinusitis
- Other (specify): \_\_\_\_\_

**APPLIANCES:**

- Hearing Aid
- Orthopedic Braces
- Glasses
- Contact Lenses
- Dental Braces
- Retainer
- Other (specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SUGGESTIONS FROM PARENT/GUARDIAN: My child has permission to take or use the following:**

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Sudafed/decongestant
- Benadryl/antihistamine
- Pepto Bismol
- Tums/antacid
- Robitussin/expectorant

DETAILS OF ANY CHECKED ITEMS ABOVE (i.e. allergic reactions to bee stings, food, or medications/drugs) \_\_\_\_\_

**PLEASE DESCRIBE CONDITIONS AND GIVE DATES:**

Operations or serious injuries: \_\_\_\_\_  
Hospitalizations: \_\_\_\_\_  
List any other diseases or disabilities: \_\_\_\_\_  
Fainting \_\_\_\_\_ Sleep Disturbances \_\_\_\_\_  
Bed Wetting \_\_\_\_\_ Menstrual Cramps \_\_\_\_\_  
Constipation \_\_\_\_\_ Nosebleeds \_\_\_\_\_  
Emotional Disturbances \_\_\_\_\_ Other (Specific) \_\_\_\_\_  
Specific Activities to be Encouraged \_\_\_\_\_ Restricted \_\_\_\_\_

Any known recent exposure to contagious disease(s) within the last 6 weeks?  YES  NO If YES, give details: \_\_\_\_\_

Have you talked to your girl about menstruation?  YES  NO Has she started menstruating?  YES  NO

Is your child currently under care of physician or psychologist?  YES  NO If YES, give details regarding treatment, medication, or other considerations on an attached sheet of paper. \_\_\_\_\_

Special medical or dietary regimen to be followed (specify): \_\_\_\_\_

**PARENT CONSENT: This Camper Health Record and Emergency Information is complete and accurate to my knowledge. My camper has permission to engage in all prescribed activities, except as noted by me. I give permission for my camper to receive routine healthcare, approved medications, and emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood that every effort will be made to contact me or the person(s) noted above before taking this action.**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORD OF IMMUNIZATION**

To fill out this portion of the form, you need to submit a current vaccination record signed by the child’s physician. If you do not vaccinate your child due to personal or religious reasons, you need to fill out a vaccine affidavit. That form can be located on the Charlie Elliott website.

<b>PRIMARY CARE PHYSICIAN</b>	<b>Practice</b>	<b>E-Mail</b>	
<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>
			<b>Phone</b>

Are there any activities your camper should not participate in for medical reasons?  NO  YES If YES, please note which activities below:

\_\_\_\_\_

Is your child disabled?  NO  YES If YES, do they need accommodation?  NO  YES If YES, attach a separate paper to explain.

**MEDICATIONS:** CEWC cannot administer medication that is not in its original bottle, labeled with the child’s own name, accompanied by specific written dispensing instructions by parent/guardian or physician. Medications include, but are not limited to: prescription, over the counter, vitamins, herbal and homeopathic remedies.

**PLEASE LIST CURRENT MEDICATIONS BEING TAKEN**

Medication	Reason for Taking	Dosage	Prescribed by Doctor?	Administering Directions	Taken with food?	Medications are administered during meal times. Please circle the time meds are taken.
						8:15 am 12:00 pm 5:00 pm 9:30 pm Other ___ am/pm
						8:15 am 12:00 pm 5:00 pm 9:30 pm Other ___ am/pm
						8:15 am 12:00 pm 5:00 pm 9:30 pm Other ___ am/pm

**HEALTH INFORMATION PRIVACY STATEMENT**

The **Camper Health Record and Emergency Information** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The Camper Health Record and Emergency Information will be retained by Charlie Elliott Wildlife Center until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from CEWC, by the participant or their legal representative.

*I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.*

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*CEWC Photo, Video, and Audio Consent and Release Form*

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Charlie Elliott Wildlife Center programs and activities. The Charlie Elliott Wildlife Center and Department of Natural Resources request the right to use all photos, videos, and/or audio clips taken of program participants, programs, and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

**By signing this form, I consent to allow Charlie Elliott Wildlife Center and the Department of Natural Resources to use photos, videos, and/or audio clips that they have of my child participating in Charlie Elliott Wildlife Center's programs.**

**By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to photos, videos, and/or audio clips of me. I sign this form freely and without inducement.**

Contact Information:

Child's Name (print): \_\_\_\_\_

County: \_\_\_\_\_

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

Street City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Child's Name \_\_\_\_\_

**Pick-Up Permission Form**

At the end of the program, staff will only release your child to those listed below. Please print neatly and include both parents' names if appropriate.

**I authorize that the following people may pick up the child named above:**

**NAME:**

**RELATION:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Code of Conduct**

*Parents & Campers:* Please read the following Code of Conduct. If you agree, and are willing to comply with the expectations set by the Code of Conduct, please sign at the bottom of the page.

**Behavior Standards**

1. Campers are expected to participate in all phases of the camp program and to observe the daily camp schedule. Campers will not be permitted to leave camp except by permission of the camp director.
2. Campers are expected to be respectful to all campers, advisors, and staff. Campers will follow instructions from camp advisors, adult supervisors, and/or CEWC staff.
3. Campers must dress appropriately (clothing that covers the body from shoulders to mid thigh, with no inappropriate advertising, including references to illegal drugs, alcohol, tobacco, or violence).
4. Campers must use appropriate language and respect the rights of others at all times.
5. Campers may not use alcohol, drugs, or any type of tobacco, nor be associated with or remain in the presence of others using the substances.
6. Campers may not behave recklessly, assault, threaten or harm another person.
7. Campers may not misuse or abuse public or private property.
8. Campers may not possess any firearms, weapons, knives, or fireworks.
9. Campers must respect their environment. The buildings, facilities, and outdoor areas of CEWC must be in the same condition as when the campers arrived.

**Failure to meet with the above listed behavior standards will result in the following consequences:**

*Camp Director will be notified of the misconduct to determine what course of action will be taken.*

1. Camper will receive a verbal warning.
2. Depending on severity of the inappropriate behavior, camper may be required to call parents/guardians to report their misconduct. Camper may be suspended from one or more camp activities.
3. At the Director's discretion, misconduct of camper may result in their immediate dismissal from camp. Refunds will not be given for camp dismissals based on poor conduct.

**Parent & Camper Agreement:**

I have read the Charlie Elliott Wildlife Center Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during camp programming.

\_\_\_\_\_  
**Camper's Signature**

\_\_\_\_\_  
**Date**

I have reviewed the Charlie Elliott Wildlife Center Code of Conduct and agree to all of its provisions.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**



# Junior Naturalist Summer Camp

## Daily Equipment List

\_\_\_\_\_ Day Pack to carry the items listed below.

\_\_\_\_\_ Lunch, include a beverage and *two* extra snacks (no gum or candy please)

*We will have a cooler for the lunches and snacks.*

\_\_\_\_\_ Refillable water bottle (an old plastic soda bottle works well) **Label with child's name!**

\_\_\_\_\_ Raingear – (Rainstorms move in at any time and we still explore in the rain, except in case of lightening danger.)

\_\_\_\_\_ Comfortable daily shoes *but no open-toed shoes or Crocs please*

\_\_\_\_\_ An extra pair of old shoes to be worn at water/mud time\*\*\*\*

\_\_\_\_\_ Extra clothes to be left in cubbies (windshirt, pants, socks, underwear)

*These items are very useful in case your child becomes wet from playing outside in the rain.*

\_\_\_\_\_ Hat with sun visor

\_\_\_\_\_ Sunscreen lotion

\_\_\_\_\_ Insect repellent

\_\_\_\_\_ Medications, if any, - ***must be in its original container and given to camp director.***

**\*PLEASE LABEL ALL ITEMS WITH CHILD'S NAME** (*a phone number is helpful too!*)

\*\*An old pair of *tight fitting, closed-toe* shoes will be used as “muck shoes” for mud and water exploration. These shoes may be left at the camp throughout the session. Loose shoes are not effective as they easily pull off in mud.