



2019 VINS NATURE CAMP

HEALTH AND EMERGENCY CARE FORM

Leader-In-Training –Volunteer

Instructions:

- Please return completed forms **NO LATER** than two weeks prior to the start of camp
- One set of forms per L-I-T should be submitted per calendar year
- Complete pages 1-5 in full. If your child/ward will be taking medication during the camp day, you must also complete pages 6-8

General Information

L-I-T's Name: _____

Entering Grade: _____ Gender: M F Age: _____ Birth date: _____

Volunteer Dates: _____

Camp Location: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Address: _____

Mailing Address (if different than above): _____

Second Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Address (if different than above): _____

NOTE: All program communications are electronic.

Best way to contact during camp hours: _____

Emergency Contacts

If we **cannot** reach the Parent(s)/Guardian(s) listed above, please provide emergency contacts:

Name	Phone	Relationship to camper
1. _____		
2. _____		

Pick-Up Authorization

Please list **ALL** adults (INCLUDING YOURSELF) authorized to pick up your child (**photo ID will be checked**).

1. _____	3. _____
2. _____	4. _____

Please check the box and sign below if you would like your L-I-T to be able to sign him/herself out at the end of the camp day.

Yes, I give my child permission to sign him/herself out at the end of the camp day.

Signature of Parent/Guardian

Medical Information

Medical Concerns: Does your child suffer from any of the following? If so, please provide specific information including reaction, management, frequency, and any other necessary information.

___ Allergies Food or Other	___ Ear Infections	___ Insect Stings
___ ADD/ADHD	___ Epilepsy/Seizures	___ Mononucleosis
___ Asthma	___ Frequent Colds	___ Psychiatric Treatment
___ Bleeding Disorder	___ Hayfever	___ Reaction to Poison Ivy
___ Cramps	___ Heart Disease	___ Other (describe below)
___ Diabetes	___ Hypertension	

Comments: _____

NOTE: We cannot guarantee that your child will not be exposed to allergens during his/her time at VINS Nature Camp.

Authorization for Treatment

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my named emergency contact, or my family physician, in that order. In the event that my named contacts or I cannot be reached, I hereby authorize the VINS Nature Camp Staff and medical personnel to take emergency measures as needed to safeguard my child/ward's health and wellbeing. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. By signing this statement, I affirm that I am legally authorized to do so.

Name of L-I-T: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Acknowledgement and Release

- I affirm that my child/ward's participation in VINS Nature Camp is voluntary and understand that participation in VINS Nature Camp activities including swimming, hiking, archery, camping, boating, and other activities involves inherent risks, known and unknown, which could result in injury, illness or death. I acknowledge that the activities and their associated risks are inherent to the VINS Nature Camp experience and without them the program would lose its essential character and value.

I also understand that, despite safety precautions VINS Nature Camp cannot guarantee that my child/ward will not be injured. I am willing to assume these risks.

- I, for myself and for my heirs, personal representatives, and assigns, and each of them, do hereby forever release and fully discharge the Vermont Institute of Natural Science, and its officers, agents, volunteers and employees, affiliates (including all 2019 VINS Nature Camp partners), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any VINS Nature Camp program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.
- I understand and accept the terms of VINS Nature Camp's Behavior Code and policies regarding behavior and discipline issues, outlined in the L-I-T handbook, and believe that my child/ward can meet the expectations for safe and successful participation as detailed. Additionally, I understand that failure to abide by VINS Nature Camp Behavior Code may result in dismissal from the L-I-T program.
- I grant permission for my child to participate in field trips to properties not owned or managed by VINS but that are either open to the public or that VINS Nature Camp has received permission to visit.

- I grant VINS and its 2019 camp partners (if applicable) permission to use photographs of my child participating in camp-related activities for publication in promotional materials, including but not limited to brochures, flyers, newspaper advertisements, social media, and the VINS/program partner's website.

Parent/Guardian Signature: _____ Date _____

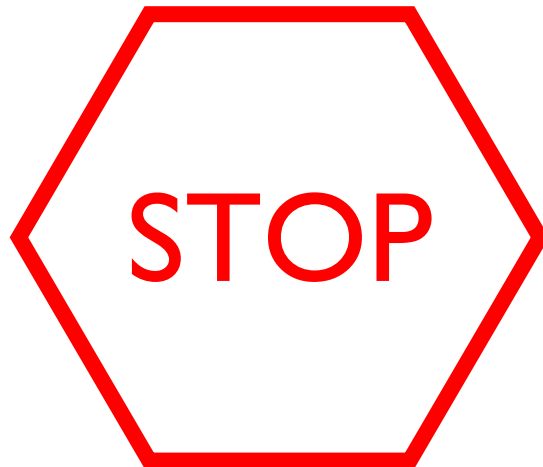
Please return completed 2019 VINS Nature Camp Health and Emergency Care Form for L-I-Ts to:

camps@vinsweb.org

Fax: 802.359.5001

VINS Nature Camp
P.O. Box 1281
149 Natures Way
Quechee, VT 05059

**Please return completed forms NO LATER than two weeks
prior the start of camp**



Complete the next section **ONLY** if your child will be taking medication **during camp hours** or if your child will have an asthma inhaler and/or EpiPen at camp with them.



2019 VINS Nature Camp L-I-T Medication Information, Permission and Waiver

Please fill out the items below regarding your L-I-T's medication information and read and sign the Medication Policy Acknowledgement and Release. If you have any questions regarding this form or VINS Nature Camp's medication policy, contact 802-359-5000 x245.

The VINS Nature Camp staff may not assist with L-I-T medication or carry any medication on their person for a camp participant **UNLESS** this form has been completed.

L-I-T Information:

L-I-T's Name: _____ Age: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone (Home): _____ (Mobile): _____

Medication Information: Include any prescription and over-the-counter medication that your minor child takes on a regular basis and will take while at VINS Nature Camp.

I. Medication: _____

Dose: _____ Time(s) dispensed: _____

Dispensing Instructions:

Possible Side Effects:

Complete Dosage Instructions:

Prescribing Doctor: _____ Prescribing Doctor Phone: _____

Prescribing Doctor Address: _____

2. Medication: _____

Dose: _____

Time(s) dispensed: _____

Dispensing Instructions:

Possible Side Effects:

Complete Dosage Instructions:

Prescribing Doctor: _____ Prescribing Doctor Phone: _____

Prescribing Doctor Address: _____

3. Medication: _____

Dose: _____

Time(s) dispensed: _____

Dispensing Instructions:

Possible Side Effects:

Complete Dosage Instructions:

Prescribing Doctor: _____ Prescribing Doctor Phone: _____

Prescribing Doctor Address: _____

*****Use additional sheets if necessary*****

Medication Policy Acknowledgement and Release

- In all cases, the term “medication” refers to a medicine has been prescribed by a licensed physician or that is taken by the L-I-T on a regular basis and is needed to maintain the health and well-being of the child during the duration of the camp.
- In all cases, the term “administration” is equivalent to camp staff maintaining possession of the medication and/or placing it in a secure location until the time it is needed. Camp staff remind L-I-Ts at the documented time and will give them the medication container. The L-I-T must be able to identify the shape/color of their medication and be able to take it on their own.
- I give permission to the staff of the Vermont Institute of Natural Science Nature Camps to administer to my child/ward the following medication(s):

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- I understand that it is my responsibility to give my L-I-T’s medication directly to VINS Nature Camp staff. I understand that all medications must be in their original containers either in individual dosage containers (blister packs), or in original prescription bottles and must be labeled with the following information:

Name of L-I-T
 Medication

Dosage
 Time of day to be given

Prescribing Doctor
 Doctor’s phone number

- I understand that measurement of medication dosage is not the responsibility of camp staff and my child must come to camp with the medication pre-measured for the correct dosage.
- I hereby acknowledge that the above information provided for the administration of medication for my child/ward is accurate. I also understand that it is my responsibility to inform VINS Nature Camp staff of any changes in the dispensing of medication.
- In all cases, any changes to medication or dosing need to be made by completing a new L-I-T Medication Information, Permission, and Waiver.
- My child/ward knows how to properly use their own Inhaler/EpiPen and has been instructed not to show or share it with others. _____ (Initial)
- In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Vermont Institute of Natural Science to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of all medical services rendered.
- I recognize and acknowledge there are certain risks of injury/illness in connection with my child/ward’s medication. In consideration of the Vermont Institute of Natural Science’s administering medication to my child/ward, I do hereby fully release or discharge the Vermont Institute of Natural Science, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child/ward may have (or accrue to me or my child/ward), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Parent/Guardian Signature: _____ Date: _____