2020 VINS NATURE CAMP

Leader-In-Training

OVERNIGHT HEALTH AND EMERGENCY CARE FORM

Instructions:

- Please return completed forms **NO LATER** than two weeks prior to the start of camp.
- One set of forms per camper 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 7-9.
- Return completed forms to:

Mail: VINS Nature Camp
Vermont Institute of Natural Science
PO Box 1281
Quechee, VT 05059

Email: camps@vinsweb.org
Fax: 802.359.5001

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 L-I-T (**photo ID will be checked**). For the safety and security of your L-I-T, only those listed on this sheet will be allowed to pick up your child. **No exceptions will be made**.

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 L-I-T permission to sign him/herself out at the end of the camp day.

_____
Signature of Parent/Guardian

Dietary Information

Diet: Our overnight camp program is able to accommodate a variety of dietary restrictions. Please tell us about any dietary restrictions your L-I-T follows.

___ My L-I-T eats a regular, varied diet

___ My L-I-T is a vegetarian of this type:

- ☐ Vegetarian (no meat)
- ☐ Vegan (no meats, dairy or eggs)
- ☐ Other (please specify) _____

___ My L-I-T is gluten free

Please share any additional information regarding your L-I-T's eating habits or any other dietary restrictions that will enable us to better serve him/her.

_____

_____

Medical Information

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

__Allergies – Food
__Allergies - Other
__ADD/ADHD
__Asthma
__Bleeding Disorder
__Cramps
__Diabetes
__Epilepsy/Seizures
__Hayfever/Seasonal Allergies
__Heart Disease
__Hypertension
__Mental Health Disorder
__Severe Insect Sting/Bite Reaction
__Severe Poison Ivy Reaction
__Other (describe below)

Comments: _____

_____

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

Medications: List all medications, including EpiPen, asthma inhaler, over-the-counter or non-prescription drugs, taken regularly. Please complete the Medication Information, Permission, and Waiver on pages 7-10 of this document if your L-I-T will take any of these medications while at camp.

_____

_____

****If your L-I-T will be taking medication during camp hours, you must complete the Medication Information, Permission, and Waiver****

Immunizations:

Are your child's immunizations current?	Yes	No
Has your child had chicken pox?	Yes	No
If no, has your child received the varicella (chicken pox) vaccine?	Yes	No
Date of your child's last Tetanus shot		____/____/_____

Permission to Dispense Over-the-Counter Medication: The VINS Nature Camp staff will not dispense any over-the-counter medication to camp participants unless they have been authorized to do so on this form.

I give permission to the staff of VINS Nature Camps to dispense to my minor child the following medication(s) while at Old Pepper Place Overnight Camp. (Check all that apply)

__Acetaminophen (Tylenol)

__Benadryl

__Calamine Lotion

__Children's Mylanta or Tums

__Hydrocortisone cream (for itchy skin)

__Hydrogen Peroxide (for wound sterilization)

__Ibuprofen (Advil)

__Throat lozenges

Heath Insurance and Physician Information:

_____

Insurance Company Policy/Group Number Participant ID #

_____

Physician's Name Office Phone #

_____

Physician's Address

_____

Dentist's Name Office Phone #

_____

Dentist's Address

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 2020 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.

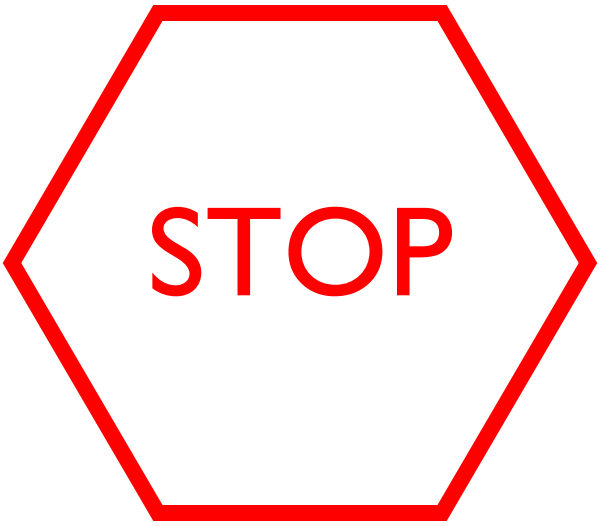
- I understand and accept the terms of VINS Nature Camp's Behavior Code and policies regarding behavior and discipline issues, outlined in the L-I-T handbook, and believe that my child/ward can meet the expectations for safe and successful participation as detailed. Additionally, I understand that failure 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 2020 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 forms NO LATER than two weeks prior the start of camp



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

2020 VINS Nature Camp

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.

1. 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):

  _____
- 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**	☐**Dosage**	☐**Prescribing Doctor**
☐**Medication**	☐**Time of day to be given**	☐**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: _____