



# 2021 VINS NATURE CAMP

## Leader-In-Training

### HEALTH AND EMERGENCY CARE FORM

#### Instructions:

- Please return completed forms **NO LATER** than two weeks prior to the start of camp.
- Return completed forms to:

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

Email: [camps@vinsweb.org](mailto:camps@vinsweb.org)  
Fax: 802.359.5001

#### General Information

L-I-T's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Second Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Primary contact during camp hours: \_\_\_\_\_

Best method of contact: \_\_\_\_\_

#### Emergency Contacts

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

Name	Phone	Relationship to L-I-T
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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.

**Medical Information**

**Medical Concerns:** Has your L-I-T experienced, or is currently experiencing, any of the following conditions. If so, please provide specific information including reaction, management, frequency, and any other necessary information.

- |                    |                      |                              |
|--------------------|----------------------|------------------------------|
| ADD/ADHD           | Cancer               | Hay fever/Seasonal Allergies |
| AIDS/ARC           | Cramps               | Heart Disease                |
| Asthma/Inhaler     | Developmental Delays | High Blood Pressure          |
| Behavioral Issues  | Diabetes             | Mental Health Issues         |
| Blackouts/Fainting | Ear Infections       | Severe Poison Ivy Reaction   |
| Bleeding Disorder  | Epilepsy/Seizures    | Other (describe below)       |

Details:

*Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition.*

**Allergies:**

Does your L-I-T have any allergies? Yes      No

If yes, what is your L-I-T allergic to?: \_\_\_\_\_

Does your L-I-T require an EpiPen? Yes      No

Describe the allergic reaction including severity:

*If your L-I-T requires an EpiPen, be sure to complete the medication section below.*

**Immunizations:** Please indicate whether your L-I-T has had the following vaccinations, and the date administered:

Varicella (chicken pox)	Yes	No	Date: _____
TDaP (Tetanus, Diphtheria, Pertussis)	Yes	No	Date: _____
MMR (Mumps, Measles, Rubella)	Yes	No	Date: _____
IPV (Polio)	Yes	No	Date: _____

Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the above diseases. This being said, we recognize that some individuals may not be fully immunized for a variety of reasons. If your L-I-T has not been fully immunized, please explain.

**Medications**

**Regular Medications:** List all medications, including EpiPen, asthma inhaler, prescription drugs or over-the-counter drugs, your L-I-T regularly takes and reason for taking them. (Use additional sheets if necessary.)

**Medications at Camp:** If your L-I-T will be taking any of these medications while at camp, they must be listed below. (Use additional sheets if necessary)

*\*\*\*\*\*Medications must be clearly labeled with L-I-T name, medication name, dosage, time of day to be given, prescribing doctor name and phone number (if applicable). \*\*\*\*\**

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time Taken (circle one):    Lunch    Snack    As Needed    Other time: \_\_\_\_\_

Provide reason for the medication and any notes on giving this medication to your L-I-T:

**Health Insurance and Physician Information**

Provide complete information below:

Insurance Company Insurance Company Phone

Insurance Policy # Insurance Group Name or Number

Pediatrician's Name Office Phone

Dentist's Name Office Phone

**Medical Waiver**

**Authorization for Treatment**

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my named emergency contacts, or my child/ward's physician, in that order. In the event that my named contacts or I cannot be reached, I hereby authorize the staff of the Vermont Institute of Natural Science Nature Camp 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.

**Medication Policy Acknowledgement and Release**

- In all cases, the term "medication" refers to a medicine 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 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-T 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 Camp to administer to my child/ward the medications previously listed. 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. Additionally, 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 clearly labeled.

I hereby acknowledge that the 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 of any changes in the dispensing of medication in writing. 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 staff of the Vermont Institute of Natural Science Nature Camp 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: \_\_\_\_\_