



# 2025 VINS NATURE CAMP

## HEALTH AND EMERGENCY CARE FORM

This form is intended to provide necessary medical information to VINS Nature Camp administrative staff and your child's instructors. Return completed form at least two weeks before your child's first day of camp.

### General Information

Camper's Name: \_\_\_\_\_ Gender:  M  F  Non-binary  
Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Parent/Guardian 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
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 camper
1. _____	_____	_____
2. _____	_____	_____

### Pick-Up Authorization

Please list **ALL** adults (INCLUDING YOURSELF) authorized to pick up your child (**photo ID will be checked**). For the safety and security of your child, only those listed on this sheet will be allowed to pick up your child. **No exceptions will be made.**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

## Health History

**Medical Concerns:** Has your child experienced, or is currently experiencing, any of the following conditions? Provide specific information including reaction, management, frequency, and any other necessary information.

- |   |  |                              |
|---|--|------------------------------|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Cancer                            | Frequent Headaches           |
| <input type="checkbox"/> AIDS/ARC           | <input type="checkbox"/> Cramps/Stomach Aches              | Hay Fever/Seasonal Allergies |
| <input type="checkbox"/> Asthma/Inhaler     | <input type="checkbox"/> Developmental Delays/Disabilities | Heart Disease                |
| <input type="checkbox"/> Behavioral Issues  | <input type="checkbox"/> Diabetes                          | High Blood Pressure          |
| <input type="checkbox"/> Blackouts/Fainting | <input type="checkbox"/> Ear Infections                    | Mental Health Issues         |
| <input type="checkbox"/> Bleeding Disorder  | <input type="checkbox"/> Epilepsy/Seizures                 | Other (describe below)       |

Details:

*It is your responsibility to supply any necessary medical equipment which relates to a specific medical condition.*

**Immunizations:** Please indicate whether your child has had the following vaccinations, and the date administered:

COVID-19	Yes	No	Date: _____
DTaP (Tetanus, Diphtheria, Pertussis)	Yes	No	Date: _____
MMR (Mumps, Measles, Rubella)	Yes	No	Date: _____
IPV (Polio)	Yes	No	Date: _____
Varicella (chicken pox)	Yes	No	Date: _____

Because our camp program has a potential for communicable diseases, we recommend that camp 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 child has not been fully immunized, please explain.

**Allergies:**

Does your child have any allergies? Yes      No

If yes, what is your child allergic to?: \_\_\_\_\_

Does your child require an EpiPen?  Yes      No

Describe the allergic reaction including severity:

*If your child requires an EpiPen, please provide two non-expired EpiPens as well as any other necessary medications to treat their reaction. Be sure to complete the medication section of this form.*

## Medications

**Regular Medications:** List all prescription medications or over-the-counter drugs, your camper regularly takes and reason for taking them. (Use additional sheets if necessary.)

**Medications at Camp:** If your camper will be taking any of these medications while at camp or will be bringing any lifesaving medications such as an EpiPen or rescue inhaler, they must be listed below. (Use additional sheets if necessary.)

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

Medication 1: \_\_\_\_\_

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

Time Taken:            Lunch            Snack            As Needed            Other time:

Provide reason for the medication and any notes on giving this medication to your child:

Medication 2: \_\_\_\_\_

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

Time Taken:            Lunch            Snack            As Needed            Other time:

Provide reason for the medication and any notes on giving this medication to your child:

## Special Considerations/Accommodations

VINS Nature Camp is committed to creating a supportive environment that sets every camper up for success. The more our staff knows, the better prepared we can be to provide the best possible camp experience.

Please share information about your child's mental, emotional and physical health including any special assistance or accommodations your child may need at camp. Explain strategies you have found effective in supporting your child and other information that will be helpful to our camp staff. (Use additional sheets if necessary.)

## Health Insurance and Physician Information

Medical Insurance Carrier

Phone Number

Policy or Subscriber Number

Group Name or Number

Pediatrician's Name

Office Phone

## Protection

Please indicate if VINS Nature Camp staff are permitted to assist your camper with the application of:

Sunscreen:  Yes

No

Insect Repellent:  Yes

No

**NOTE: It is the parent/guardian's responsibility to provide these items**

## Medical Waiver

### Authorization for Treatment

This health history is correct and accurately reflects the health status of my child.

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 medical services rendered 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 "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 campers at the documented time and will give them the medication container. The camper 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. I also understand that it is my responsibility to inform VINS Nature Camp of any changes in the dispensing of medication in writing.

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 \_\_\_\_\_