



Stamford Museum
& Nature Center

February 2017

Dear Parent,

Welcome to the 2017 SM&NC Summer Camp! Thank you for choosing the Stamford Museum & Nature Center for your child's summer camp experience. We are excited about our programs and know that you and your child will be, too.

Enclosed you will find the following **required documents** to read, complete, and **return by June 1, 2017:**

- Participant Contact Information
- Physician's Exam & Immunization Records
(within 3 years)
- Medical History (filled out by parent)
- Liability Release
- Photo Permission

We are unable to allow participation in our camps without these signed forms. If your child has any documented life-threatening allergies, further forms are required and must be filled out by your child's physician. If you have not received these medical forms from us please call the Main Office at 203.322.1646 ext. 6521 and they will be emailed to you. All camps forms are available on our website at www.stamfordmuseum.org/camp-ed.html.

Please contact us with any questions or concerns. We look forward to seeing your child at camp!

Sincerely,

Lisa Monachelli
Camp Director



Session: (please circle):
1 2 3 4 5 6 7

Forms must be returned by **June 1, 2017** to:
Stamford Museum & Nature Center Camps
39 Scofieldtown Road
Stamford, CT 06903

Participant Contact Information (Please complete one form per camper)

Child's Name: _____ Male _____ Female
(First) (Last)

Grade entering _____ Date of Birth _____ Session Dates: Session: 1 2 3 4 5 6 7
(Fall 2017): _____ (Month/Day/Year): _____ (please circle) Half Day Full Day

Parent/Guardian or Other Person(s) Registering the Child

Name _____
Relation to Child _____
Home Phone _____ Cell Phone _____
Email (Required) _____
Address _____
City _____ State _____ Zip _____

Name _____
Relation to Child _____
Home Phone _____ Cell Phone _____
Email (Required) _____
Address _____
City _____ State _____ Zip _____

Emergency Contacts: (This person(s) will be contacted in case the parent or guardian is unavailable. In addition, the emergency contact is permitted to drop off and pick up your children)

Name _____
Relation to Child _____
Home Phone _____ Cell Phone _____
Address _____

Name _____
Relation to Child _____
Home Phone _____ Cell Phone _____
Address _____

Doctor and Insurance Information

Family Physician: _____	Phone: _____
Address: _____	
Family Dentist /Orthodontist: _____	Phone: _____
Address: _____	

Do you carry medical/hospital insurance? ____ If yes, indicate carrier: _____
Policy or Group #: _____ Phone: _____

Pick Up/Drop Off Authorization

In addition to the registering parent(s) and emergency contacts, the following people are permitted to drop off or pick up my child.

Name _____	
Relation to Child _____	
Home Phone _____	Cell Phone _____
Name _____	
Relation to Child _____	
Home Phone _____	Cell Phone _____

Medical Authorization

I grant permission to the Stamford Museum & Nature Center Staff to give medical care if warranted. I understand that the medical actions may include but are not limited to the following:

- First Aid/CPR administered by a trained staff member
- Attempt to contact parents or guardians
- Attempt to contact the child's physician and/or dentist
- In an emergency, every effort will be made by the SM&NC Staff to contact parents. I understand that, if warranted, the SM&NC will have the child taken to the emergency room by ambulance, accompanied by a staff member.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

*If for religious reasons you cannot sign this, the camp must be contacted for a legal waiver that must be **signed and notarized** before the start of camp.*

Session: (please circle):

1 2 3 4 5 6 7



PHYSICIAN'S EXAM/RECORD

A valid school physical or copy of recent physical may be substituted for this form.

Camper

Staff

Date of Exam (within 3 years) _____

Name _____ Date of Birth _____

Guardian _____ Address _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Telephone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

GENERAL APPRAISAL:

_____ May participate in all camp programs

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the Individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Print name of medical provider: _____

Medical Care provider's address: _____

Signature of Physician, APRN or PA _____

Date Form Signed: _____

Telephone Number: _____

Session: (please circle):

1 2 3 4 5 6 7



Stamford Museum & Nature Center

Camper Name: _____

Medical History (To be completed by parent)

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp. If you feel you do not have enough current information to fill out this form accurately, please contact your physician.

SPECIAL INFORMATION

	Yes	No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documented Life Threatening Allergies *further forms are necessary	<input type="checkbox"/>	<input type="checkbox"/>	Epi-Pen	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Inhaler/Oral	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>			
Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>			
Recent exposure to contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Heart defect/disease	<input type="checkbox"/>	<input type="checkbox"/>	(disease)		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding clotting disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Other allergic reactions (hay, milk)	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____		
Are there any activities to be restricted?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, explain: _____					

Operations or serious injuries (specify dates): _____

Chronic or recurring illness: _____

Socialization or behavior issues: _____

Session: (please circle):

1 2 3 4 5 6 7



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RELEASE OF LIABILITY FOR CHILD'S PARTICIPATION IN PROGRAM

Child's Name: _____

Program Title: _____

I/we, _____, the parent(s) and or legal guardian(s) of the above referenced student, wish for my/our child to participate in Stamford Museum & Nature Center summer camp programs, (the "Program"). I understand that there are possible dangers associated with the Program, including but not limited to insect stings, insect or tick bites, poison ivy, or falling on uneven terrain.

I/we agree that my/our child is participating in the activity at mine/our own risk, and acknowledge that Stamford Museum & Nature Center has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

I/we expressly release and hold harmless Stamford Museum & Nature Center and its officers, directors, employees, and agents from and for any and all claims, demands, actions and causes of action whatsoever on account of any loss, damage or injury to person or to property suffered or incurred by my/our child, except by Stamford Museum & Nature Center's negligence, in connection with the Program or any aspect of it.

This release shall be binding upon me/us and my/our heirs, next of kin, executors, administrators and assigns.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Session: (please circle):

1 2 3 4 5 6 7



CHILDREN'S PHOTOGRAPH RELEASE

Child's Name: _____

I/we, the legal parent(s) and or guardian(s) of the above referenced child, agree and understand photographs which include my/our child's image taken at the Stamford Museum & Nature Center's Summer Camp Program may be used in SM&NC publications for SM&NC's advertising, publicity, commercial or other business purposes. Participant's names will NOT be published. I/we hereby give SM&NC permission to duplicate and distribute the photographs, or any parts thereof which include my/our child's image, throughout the world in perpetuity in any manner, and in any and all media, including the Internet, whether known now or hereafter devised. I/we waive any right to inspect or approve the finished version(s).

I/we hereby release and hold harmless SM&NC and its officers, directors, employees, agents, licensees, successors and assigns from and against any and all claims, demands or causes of action which I/we may have or may in the future have for libel, defamation, invasion of privacy or right of publicity arising from SM&NC's use of my/our child's appearance, name or likeness including but not limited to, the distribution, reproduction or broadcast of the photographs (or any part thereof).

Print Name: _____

Parent/Guardian Signature: _____

Date: _____