



Stamford Museum
& Nature Center

January 2019

Dear Parent,

Welcome to the 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! As you may know, we are a summer camp licensed and inspected by the State of Connecticut and thus, must follow any protocols set in place by the CT Department of Health. For 2019, we are instituting changes in regards to required camp paperwork so that we are in compliance with new regulations.

We are now required to create an Individual Care Plan for any camper with special medical needs, medications, or disabilities, in addition to all medical and information forms from parents and physicians. This plan must be signed by me as Camp Director, as well as by you, the parent, and your child's camp educators. To ensure that we have properly identified campers for whom we need a plan and to complete them, **ALL campers must have their complete paperwork on file a week before their first day of camp even if they will not need an Individual Care Plan. Campers that do not meet this requirement will not be allowed to attend camp and refunds or credits will not be offered for any missed time. Please note that we also are no longer able to accept forms via fax, as they are often challenging to read.**

While this may require greater planning ahead, these changes will help to ensure a level of care for campers that exceeds even our previous excellent plans and to make sure that we can provide all campers with the best experience possible. If your child's physical is scheduled for the summer, you can provide a copy of last year's physical form instead.

For each camper you will need the following required documents to read, complete, and returned a minimum of ONE WEEK BEFORE YOUR CHILD'S FIRST DAY OF CAMP:

- Participant Contact Information Form
- Physician's Examination Form (dated within the last three years & signed by doctor)
- Medical History (filled out by parent)
- Allergy forms (if your child has a life-threatening allergy)
- Liability Release Form
- Photo Release Form (optional)

If your child has any documented life-threatening allergies, medication forms are required and must be filled out by your child's physician. All camp forms are available on our website at stamfordmuseum.org/child-youth/camp-programs/. Camper information forms can be filled out online and e-mailed to our camp e-mail: summercamp@stamfordmuseum.org. Medical and allergy forms can be scanned and e-mailed or can be mailed to or dropped off at the museum. Please note that forms are not necessary for Junior Curator or Junior WILD! Keepers unless your child has an allergy that requires medication to be on-hand during the program. Forms are also not necessary for our Parent/Child classes.

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

Sincerely,

Lisa Monachelli
Camp Director

All forms must be into SM&NC **ONE WEEK** before the start of your child's first camp!



Forms must be returned **ONE WEEK before your child's first day of camp** to:

Stamford Museum & Nature Center Camps
39 Scofieldtown Road
Stamford, CT 06903 **OR**

Summercamp@stamfordmuseum.org

Participant Contact Information (Please complete one form per camper)

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

Grade entering _____ Date of Birth _____ 1st Camp Day: _____
(Fall 2019): _____ (Month/Day/Year): _____ Camp: CK A&N HF EX HC

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 (if different from above) _____

City _____ State _____ Zip _____

Emergency Contacts: Contacts in case the parent or guardian is unavailable. In addition, the emergency contacts are permitted to drop off and pick up your children. **Parents/guardians above do not need to be listed here.**

Name _____

Relation to Child _____

Home Phone _____ Cell Phone _____

Address _____

Name _____

Relation to Child _____

Home Phone _____ Cell Phone _____

Address _____

All forms must be into SM&NC **ONE WEEK** before the start of your child's first camp!

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. **Parents/guardians and emergency contacts do not have to be listed again.**

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.*



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: _____



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



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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



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: _____