



Stamford Museum  
& Nature Center

## January 2022

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 new line up this year 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 COVID, this means that all of our staff are required to be vaccinated except in cases of a medical exception. It will also mean that we will be required to follow any new mandates about vaccines in regards to potential campers and will do our best to communicate any changes to parents as quickly as possible.

It has been, and will continue to be this year, our policy that **ALL campers must have their complete paperwork on file a week before their first day of camp**. This allows us to prepare Individual Care Plans for campers that need them, to be sure that staff are well-prepared for campers, and allow for adequate time for roster creation. **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. To ensure your child's full time at camp, please plan ahead with your forms.

For medical forms, it is important to note that we can accept a valid medical record dating back three years from the date of your child's last day of camp. If your child attended our summer camp or our Art, Nature & Me preschool we can also use last year's medical form, if you wish, provided it is still valid.

**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 (ONLY 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 [www.stamfordmuseum.org/camp-forms.html](http://www.stamfordmuseum.org/camp-forms.html). Camper information forms can be filled out online and e-mailed to our camp e-mail: [summercamp@stamfordmuseum.org](mailto: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.

Also, since most camp communication is done through e-mail, a valid e-mail address is required both for registration and on camp forms. Please check the e-mail in our system when registering to make sure it is valid and still in use!

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

Sincerely,

Lisa Monachelli & Kendall Musgrave, Camp Director Staff

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: \_\_\_\_\_ Gender: \_\_\_\_\_  
(First) (Last)

Grade entering \_\_\_\_\_ Date of Birth \_\_\_\_\_ 1st Camp Day: \_\_\_\_\_  
(Fall 2022): \_\_\_\_\_ (Month/Day/Year): \_\_\_\_\_ Camp: W@A EK HF EX BD

**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 \_\_\_\_\_

## 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.*

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

Session: (please circle):

1 2 3 4 5 6



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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child contacted COVID-19? Yes  No

Has your child been vaccinated for COVID-19? Yes  No

Session: (please circle):

1 2 3 4 5 6



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**RELEASE OF LIABILITY FOR CHILD'S PARTICIPATION IN PROGRAM**  
(this form is required)

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**  
**(this form is optional and parents may choose not to sign/submit)**

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:** \_\_\_\_\_