

KALAMAZOO NATURE CENTER

CAMPER INFORMATION FORM

(TO BE COMPLETED BY PARENT/GUARDIAN)

PLEASE FILL OUT ONE FORM FOR EACH CHILD ATTENDING KNC CAMP

****THE CONTENTS OF THIS FORM WILL REMAIN CONFIDENTIAL****

Please return completed form by email to

register@naturecenter.org

OR

Mail (or in person) to
7000 N Westnedge Ave.
Kalamazoo, MI, 49009

OR

Upload to OneDrive using link on
Camp webpage

Camper Name: _____

Date of Birth (mm/dd/yy): _____ Grade Entering in Fall: _____

Gender Identity: Female Male Non-Binary Other

Pronouns: _____

Order Number (found on confirmation receipt): _____

For Summer Camp Only

Camp: Outdoor Leaders Adventure Skills Adventure Treks Wild Child Day Wild Child Camp-Out
 Explorers Day Junior Naturalists AM Junior Naturalists PM Junior Farmers Neurodiversity
 NWP Alumni

Session (select all that apply): 1 2 3 4 5 6 7 8

Camper Home Address: _____

Parent/Guardian 1: _____ Relationship: _____

Phone: _____ Email: _____

Home Address (if different) _____

Parent/Guardian 2: _____ Relationship: _____

Phone: _____ Email: _____

Home Address (if different) _____

Authorized to Pickup? Yes No

*Emergency Contact (other than parent/guardian): _____

Relationship: _____ Phone: _____ Email: _____

Authorized to Pickup? Yes No

Additional Authorized Pickup 1: _____ Phone: _____

Additional Authorized Pickup 2: _____ Phone: _____

Additional Authorized Pickup 3: _____ Phone: _____

**We are required to have at least 3 contacts in case of emergency*

(For Administrative Use) Camper Group: _____

Pickup/drop off: _____

Aftercare: _____

Camper Name: _____

How well does your camper swim?: Does not swim Beginner Intermediate Advanced

What are your camper's interests, hobbies, and talents?:

What do you expect your camper to gain from their camp experience?:

Please describe any recent major life events/achievements. Examples include new siblings, a recent death in the family, divorce, a change in your job status, moving, academic or athletic achievements:

How would you describe your camper's personality?:

MEDICAL INFORMATION

Camper Name: _____

Is your camper up to date on Immunizations?: Yes No

Please attach a copy of the camper's vaccination records

Allergies: No Known Allergies Food Medicine Environmental

Please Describe: _____

Dietary Restrictions: No Restrictions Vegan Vegetarian Lactose Intolerance Gluten Intolerance Other (please describe): _____

Restrictions: I have reviewed the program of activities and feel my camper can participate **WITHOUT** restrictions.

I have reviewed the program of activities and feel my camper can participate **WITH** restrictions. Please describe:

Medical Insurance Information

This camper is covered by family medical insurance: Yes No

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone: _____

Primary Care Provider Information

This camper has a primary care provider (PCP): Yes No

PCP Name: _____ Office address: _____

Phone: _____

Camper Name: _____

Medications

Medication	Date Started	Reason	Time Administered	Dose	Administration Note	Will this medication be administered at camp?
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

If more space is needed, please attach separate page with medication information

The following non-prescription (OTC) medications are used on an *as-needed basis* to manage illness or injury. Please select any OTC medications that may NOT be administered to your camper:

- Ibuprofen Calamine Lotion Cortisone Cream
 Bismuth (stomach relief) Pseudoephedrine (allergy relief) Tylenol
 Baking Soda Diphenhydramine (allergy relief)

Camper Name: _____

Has/Does the camper:

- | | | | |
|---|--|--|--|
| 1. Ever been hospitalized? | <input type="radio"/> Yes <input type="radio"/> No | 15. Had fainting/dizziness? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever had surgery? | <input type="radio"/> Yes <input type="radio"/> No | 16. Had headaches? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="radio"/> Yes <input type="radio"/> No | 17. Had seizures? | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Had a recent infectious illness? | <input type="radio"/> Yes <input type="radio"/> No | 18. Have diabetes? | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Have problems falling asleep/sleepwalking? | <input type="radio"/> Yes <input type="radio"/> No | 19. Had a recent injury? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Had asthma/wheezing/shortness of breath? | <input type="radio"/> Yes <input type="radio"/> No | 20. Have skin problems? | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Have problems with menstruation? | <input type="radio"/> Yes <input type="radio"/> No | Please explain "yes" answers: _____ | |
| 8. Had mononucleosis in the last 12 months? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 9. Passed out/had chest pain during exercise? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 11. Have a history of bedwetting? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 12. Have recurrent diarrhea/constipation? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 13. Have back/joint problems? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |
| 14. Traveled outside the country in the last 12 months? | <input type="radio"/> Yes <input type="radio"/> No | _____ | |

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for Attention Deficit/Hyperactivity Disorder? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever been treated for emotional or behavioral difficulties? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Ever been treated for an eating disorder? | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Seen a professional for mental or emotional health concerns in the past 12 months? | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Had a significant life event that continues to affect the camper's mental/emotional health? | <input type="radio"/> Yes <input type="radio"/> No |

Please explain "yes" answers:

GENERAL RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

Camper Name: _____

I hereby agree that this health history is correct to the best of my knowledge and the camper herein described has permission to engage in all camp activities except as noted. This completed form may be photocopied for trips out-of-camp. In consideration for being allowed to participate in the Kalamazoo Nature Center's programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Kalamazoo Nature Center and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including hiking and out-of-camp trips by van or bus, understanding that competent leadership is provided. The Kalamazoo Nature Center is not responsible for lost, stolen, or damaged personal articles. I also authorize the Kalamazoo Nature Center and its assignees to use any photograph or likeness of me or my child for print or electronic promotional purposes. I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Kalamazoo Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

Parent/Guardian Signature: _____ Date: _____

PHOTO AUTHORIZATION

The Kalamazoo Nature Center (KNC) may take photographs, video, or other digital media from this event to promote KNC. I understand that the images may be used in any form for print publications, online publications, presentations, websites, and social networking sites. I also understand that all photograph, video, or other digital media are the property of KNC and no royalty, fee or other compensation shall become payable to me. KNC will not sell these images or videos.

Does KNC have permission to take and use photographs of the camper as outlined above?

Yes

No