

**TIN MOUNTAIN CONSERVATION CENTER CAMP FORM**

Name of Camp \_\_\_\_\_

Child's Name (and nickname) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade entering Fall 2019 \_\_\_\_\_

Address \_\_\_\_\_

Child lives with (check): Mom \_\_\_ Dad \_\_\_ Both \_\_\_ Other \_\_\_ Please describe: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Summer Address & phone number if different: \_\_\_\_\_

**Emergency Information:**

**Emergency Contact other than parent/guardian**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

**Pick-Up Instructions:** *parents/guardians or other person(s) authorized below will sign in and out when campers arrive and depart from camp*

People authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

**Please complete both sides of this form.**

Any questions please call 603 447-6991 or e-mail [pdemers@tinmountain.org](mailto:pdemers@tinmountain.org)

**(OVER)**

**Medical Information and Special Needs**

**Is your child allergic to bee stings?**

YES \_\_\_ NO \_\_\_ UNKNOWN \_\_\_

If YES, does your child carry a bee sting kit?

YES \_\_\_ NO \_\_\_

**Does your child have food or drug allergies or a special diet? If so, please describe:**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child take any medications (please describe):**

\_\_\_\_\_  
\_\_\_\_\_

**Anything in your child's life that might affect his or her experience at camp (i.e., any unusual family situation, behavioral or physical disability or recent illness)? Please describe.**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe your child's swimming abilities:**

\_\_\_\_\_  
\_\_\_\_\_

**Consent: sunscreen, bug spray, medication**

Tin Mountain asks that you provide your child/ward with sunscreen and bug spray each day. If it is not provided, Tin Mountain has them available for use. Unless otherwise informed, I/we allow Tin Mountain staff to apply sunscreen and bug spray to our child/ward. I/we further allow Tin Mountain staff to provide ibuprofen, Benadryl, and Pepto-Bismol for minor complaints.

Child's Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)

**Please return this form completed on both sides to:**

Tin Mountain Conservation Center  
1245 Bald Hill Rd.  
Albany, NH 03818

603 447-6991 for any questions

**Medical Consent Form**

This medical consent form permits hospital personnel to begin emergency treatment rather than delay while a parent/guardian's permission is sought.

I/We, \_\_\_\_\_ and \_\_\_\_\_  
(Name) (Name)

are parents/legal guardians of \_\_\_\_\_  
(Child's Name)

born on \_\_\_\_\_, who is enrolled in a program with Tin Mountain Conservation Center from \_\_\_\_\_

I/We authorize the Tin Mountain staff to carry out standard first aid and CPR, including treatment for severe allergic reaction to insect stings, and to arrange for emergency care for my/our minor child/ward as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my/our child/ward.

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)

**Release Form**

Although the Tin Mountain staff is trained to minimize accidents, events in the outdoors can create hazards for our program participants. Accordingly, we are required by our insurance carrier to have each participant sign a release.

I/We permit our child/ward to participate in \_\_\_\_\_ which is organized and administered by Tin Mountain Conservation Center. I am familiar with and recognize the risks inherent in the program and I assume all the risks of injury and loss arising or resulting from my child's/ward's participation, hereby releasing and holding harmless Tin Mountain Conservation Center, its employees, or agents, from liability for any such injury or loss. I further authorize the staff of Tin Mountain Conservation Center to take my child/ward on field trips requiring motor transportation.

Unless otherwise informed, I/we allow our child/ward to appear in photographs solely taken for Tin Mountain Conservation Center publications.

Child's Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)

Signed: \_\_\_\_\_  
(Parent or Guardian) (Date)