



(603) 447-6991 info@tinmountain.org

## **SUMMER CAMP FORM**

mind 5 staine (and mexitaine)	Gender
Child's Age Birth date	e Grade entering Fall T-shirt size (YXS-Al
Address	
	an #1 Both #1&2 Other Please describe:
arent/Guardian #1	
	Cell Phone
Email Address	
Parent/Guardian #2	Home Phone
	Cell Phone
Address	
Email Address	
	f different:
Summer Address & phone number if	
	f different:
Summer Address & phone number if Emergency Information:	rent/guardian
Summer Address & phone number if Emergency Information: Emergency Contact other than pa	f different:
Emergency Information:  Emergency Contact other than pare 1. Name	f different:

## Please complete both sides of this form.

**Medical Information and Special Needs:** Has your child ever been stung by a bee? **Medical Consent Form** This medical consent form permits hospital personnel to begin YES NO emergency treatment rather than delay while a parent/guardian's permission is sought. Is your child allergic to bee stings? \_\_\_\_, am a parent/legal guardian of YES \_\_\_\_ NO \_\_\_ UNKNOWN \_\_\_\_ (Parent/Guardian Name) \_\_\_\_ born on \_\_\_\_\_, who is If YES, does your child carry a bee sting kit? NO \_\_\_ (Child's Name) enrolled in a program with Tin Mountain Conservation Center. Does your child have food or drug allergies or a special diet? If so, please describe: I 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 minor child/ward as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my Does your child take any medications (please describe): child/ward. Signed: (Parent or Guardian) (Date) Anything in your child's life that might affect his or her Release Form experience at camp (e.g. any unusual family situation, Although the Tin Mountain staff is trained to minimize behavioral or physical disability, or recent illness)? accidents, events in the outdoors can create hazards for our Please describe. program participants. Accordingly, we are required by our insurance carrier to have each participant sign a release. I permit my child/ward to participate in summer camps organized and administered by Tin Mountain Conservation Please describe your child's swimming abilities: Center. I am familiar with and recognize the risks inherent in the program and I assume all the risks of injury, loss, and illness arising or resulting from my child's/ward's participation, hereby releasing and holding harmless Tin Mountain Conservation Consent: sunscreen, bug spray, medication Center, its employees, or agents, from liability for any such Tin Mountain asks that you provide your child/ward with injury, loss, or illness. I further authorize the staff of Tin sunscreen and bug spray each day. If it is not provided, Tin Mountain Conservation Center to take my child/ward on field Mountain has them available for use. Unless otherwise trips requiring motor transportation. informed, I allow Tin Mountain staff to apply sunscreen and bug spray to my child/ward. I further allow Tin Mountain Unless otherwise informed, I allow my child/ward to appear in staff to provide ibuprofen, Benadryl, and Pepto-Bismol for photographs taken for Tin Mountain Conservation Center minor complaints as deemed necessary. publications, website, and social media. Child's Full Name: \_\_\_\_\_ Child's Full Name: Signed: (Parent or Guardian) (Parent or Guardian) (Date) (Date)

## Please return this form, completed on both side to:

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

Ouestions: Call Phaedra Demers (603)447-6991 or email pdemers@tinmountain.org