

# Cayuga Nature Center Medical History and Permission Form

Camper's Name \_\_\_\_\_ Gender (circle one) female male Age \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Emergency Contact : \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Doctor's Name : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information on this form is necessary for the safety of the participant during his/her Cayuga Nature Center Program. Please complete all applicable sections. All information is kept confidential.

## Medical Information (must be updated at CNC every 12 months)

All medications **MUST** be in its original container with the accurate pharmacy label and **MUST** be accompanied by a physicians orders. All medications **MUST** be given to the Medical Director when checking-in. This policy applies for all **over-the-counter** and **prescription** medications. Children must be able to self-administer their medications.

Medications and dosages: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Dietary Restrictions: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_

Which of the following **Immunizations:** (you may attach photocopies of doctor's records) has the participant had?

Vaccine	Date	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
TD (tetanus, diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____



Which of the following has the participant had?

	Yes	No
Measles	_____	_____
Chicken pox	_____	_____
German measles	_____	_____
Mumps	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____
Hepatitis C	_____	_____

**Additional information:** Please use this space or attach an additional sheet to provide any other pertinent information regarding the participant's behavior, physical, emotional or mental health that you feel we should be aware of.

**Authorization:** I give my permission for \_\_\_\_\_ to attend and participate in activities during his/her CNC program and particularly, but not limited to, the activities of swimming, high ropes course, and handling of animals. I also understand that in case of illness or injury my emergency contact will be notified immediately. If emergency treatment is necessary, I understand that the participant will be transported to the nearest hospital emergency room. I give my permission for the attending physician to give emergency treatment, including but not limited to anesthesia, injections and x-rays, if necessary. I understand that CNC does not provide accidental or medical insurance and that I am required to provide my own insurance. I hereby agree that I am financially responsible for such expenses.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Photo Consent

I hereby consent to and authorize the use and reproduction by Cayuga Nature Center, or anyone authorized by Cayuga Nature Center, of photographs taken of me and/or my camper for any purpose without compensation to me. All photographs are owned by Cayuga Nature Center, and Cayuga Nature Center reserves the right to use these photographs in any of its print or electronic publications, for purposes of marketing, media, or retail.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Pick-Up Information

For your camper's protection, only the persons specified below and who know your camper's sign-out **password** will be permitted to pick up your camper. (If protection orders, restraining orders, etc. are relevant, please attach a note describing the situation so that we may ensure the safety of your child.)

In addition to myself, the following people have my permission to pick up my camper:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Please choose a password that you can easily remember but is not easy for a stranger to figure out (such as a nickname or pet name). You and anyone picking up your camper **MUST** be able to write this password down on our sign-out sheet. Campers will not be allowed to go home with people who do not know the password until the primary guardian has been contacted via phone.

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

*Please notify us in writing or by calling the Camp Director of any changes in transportation arrangements whether temporary or permanent, we will NOT make changes based on verbal messages from your child.*

I have discussed the procedures and rules my camper is to follow during check-out and with whom they may be picked-up.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_