



Health & Authorization Form

Please have a parent or legal guardian complete, sign and date all sections of this form.
Forms must be returned at least two weeks before your camper's first session.
 Campers are not allowed to attend without completed forms. One form per camper, please.
 You only need to complete this form once if you are registered for multiple sessions. A PDF
 version of this form is available at <http://www.seattleaudubon.org/sas/naturecamp>.

For Office Use Only:			
Camper:	_____		
Session(s):	_____		
Media Release:	Y	N	Epi-pen: Y N Other:
Meds:	Y	N	Diet Restriction: Y N

How to return this form:

• Email

Please send PDF version of form to
 naturecamp@seattleaudubon.org

• Mail

Please postmark *two weeks before* your first session begins
 Seattle Audubon Nature Camp
 8050 35th Ave NE
 Seattle, WA 98115

Camper Information

Session Number(s) and Date(s): _____

Child's Name (First, Last): _____

Gender: *M F Other* Age: ____ DOB: ____/____/____ Grade Entering NEXT Fall: _____

Child's Home Address: _____

Parent/Guardian Information

Parent or Guardian Name(s): _____

Address (if different from child's): _____

Primary Phone Number: _____ Type: *Cell Home Work* OK to Text? *Y N*

Alternate Phone Number: _____ Type: *Cell Home Work* OK to Text? *Y N*

Email: _____ Alternate Email: _____

Pick-Up Authorization

Additional adults authorized to pick-up camper, if different from Parent/Guardian. For safety reasons, anyone picking up campers must show a photo ID at afternoon check-out.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact Information

Parent/Guardian(s) will be contacted first in case of emergency, unless noted here.

Please list people to contact if Parent/Guardians(s) are not available, or if Parent/Guardian(s) are not local.

1. Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Camper's Medical Information

Primary Physician: _____

Facility: _____ Phone: _____

Dentist/Orthodontist: _____

Facility: _____ Phone: _____

Medical Insurance Provider: _____

Policy Number: _____

Policy Holder's Name: _____

Camper's Health Concerns

Does your camper have **allergies** to nature, food, or medications? If yes, please list, and describe severity, typical reaction, and treatment.

Does your camper require an **Epi-pen**? If yes, please see Page 4.

Does your camper have any **dietary restrictions**? If yes, please describe.

Does your camper need any **special accommodations**? If yes, please describe.

Camper's Health Concerns (continued)

Please list any **additional medical concerns** for your camper (including behavioral or developmental difficulties, recent injuries or illnesses, etc.).

Is your camper currently taking any **medications**? If yes, please list. (If medications need to be administered while at camp, please see Page 4.)

Permission and Liability Release

I hereby give my consent for _____ (name of participant) to participate in Seattle Audubon Society (SAS) Nature Camp programs, including off-site field trips, and declare that I will not hold SAS, its employees, board, or any volunteers responsible for any injuries, damage or personal loss incurred while participating in the program. Further, we agree to indemnify, hold harmless, pay and defend SAS, its employees, board, and volunteers from any claims by the participant arising from his/her participation in SAS programs. The undersigned and the above-named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructors and/or other personnel in charge of the program.

Signed: _____ Date: _____
(Participant, or Parent/Guardian if under 18 years of age)

Medical Authorization

I understand that the Seattle Audubon Society (SAS), its staff, and all persons related directly or indirectly with the SAS assume no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical treatment for the above-named if I cannot be contacted immediately. I hereby consent to the administering of any and all medical procedures deemed necessary by the attending authorities.

Signed: _____ Date: _____
(Participant, or Parent/Guardian if under 18 years of age)

Print Parent/Guardian Name: _____ Relationship: _____

Media Release

I hereby grant permission for Seattle Audubon Society (SAS) to use photos, videos, or sound recordings, in which the above named participant appears. Media may be used on the SAS website, *Earthcare Northwest* newsletter or *Enews*, Nature Camp promotional materials, SAS social media, or other publications. Underage participants may occasionally be identified by first name only, but never by full name, age, or other information. I understand that SAS will contact me for permission in rare cases in which an underage person's full name or other identifying information is necessary.

Signed: _____ Date: _____
(Participant, or parent/guardian if under 18 years of age)

At-Camp Medication Information

You may skip this page if your camper DOES NOT need medications while at camp!

This form is required if your camper must have medication *administered during Nature Camp hours*, or *carries preventative medications at all times* (such as an inhaler or Epi-pen). If your camper takes medications at home before or after Nature Camp hours, please list them on Page 3, but they do not need to be listed here. Sunscreen does not count as medication in this case.

Please bring any medications needed during camp hours in original packaging, with dosage instructions on the label or box. During camp hours, all medications are carried by the adult Naturalists in a sealed Ziplock bag with the camper's name on it and any additional instructions included. (Please contact the Camp Registrar before your session begins if your child's medication cannot stay with their Naturalist during camp hours.)

Medications are stored in a locked drawer at night, and will be returned at the end of the week, unless prior arrangements are made for daily return. If you have any additional questions, please contact the Camp Registrar at naturecamp@seattleaudubon.org.

Seattle Audubon Nature Camp Medication Card

Camper's Name: _____ Session(s): _____

Medication Name: _____ Dosage: _____

Dates, times, and method of administration, or other instructions:

I understand that Seattle Audubon Nature Camp staff will administer medications as directed above. While every precaution will be taken, staff assumes no responsibility for incorrect or misleading instructions, labeling, or package contents.

Signed: _____ Date: _____

Printed Name of Parent/Guardian: _____

Seattle Audubon Nature Camp Medication Card – For Campers with EPI-PENS ONLY

Camper's Name: _____ Session(s): _____

Allergic to: _____

Reaction from:

Ingesting allergen: _____ Touching allergen: _____

Inhaling allergen: _____ Other: _____

Process you prefer if camper comes in contact with allergen (ex. Benadryl first, Epi-pen, call 911, call parents):

I understand that Seattle Audubon Nature Camp staff will administer medications as directed above. While every precaution will be taken, staff assumes no responsibility for incorrect or misleading instructions, labeling, or package contents.

Signed: _____ Date: _____

Printed Name of Parent/Guardian: _____