

# 2010 WildQuest Camps Camper Information Packet

(Required of all campers)

Camper's Name (First, Middle, Last) \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age (by 1st day of camp) \_\_\_\_\_ Gender  Male  Female

Grade (or grade completed by summer camp) \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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## This Checklist must be complete for camp registration to be confirmed:

- |   |  |
|---|--|
| <input type="checkbox"/> Camp Session Registration Form with payment information ( <i>Attached</i> ) & payment received | <input type="checkbox"/> Physician's Orders for Medication (p. 4)<br>( <i>If medication is necessary during camp</i> ) |
| <input type="checkbox"/> Emergency Contact Information (p. 2)   | <input type="checkbox"/> Photographic Release (p. 5)   |
| <input type="checkbox"/> Health History, Part I (p. 3)  | <input type="checkbox"/> Parental Authorization Statement ( <i>Signed</i> ) (p. 5)                                     |
| <input type="checkbox"/> Health History, Part II ( <i>Completed by Physician</i> ) (p. 4)                               | <input type="checkbox"/> Scholarship Application ( <i>If requesting funds</i> ) (p. 6)                                 |
| <input type="checkbox"/> Immunization Records ( <i>Attached</i> )   |  |

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## Scheduling & Payment

Pre-registration is required for all programs. Programs are scheduled on a first-come, first-served basis. Please call at least two weeks in advance. Payment is expected for all programs at least 2 weeks in advance of the program. Parents must complete a registration form and an emergency packet/health info packet. Per our NH State camp license requirements, you must also submit your child's immunization records, doctor's authorization and proof of a physical within the last two years.

## Cancellations

If you must cancel or reschedule a program, we ask that you give us as much notice as possible. We have a heavy schedule of programs and early notice ensures greater flexibility to change time slots to meet everyone's needs. If cancelled 8 or more days prior to the program, the full program fee will be refunded. If cancelled 7 days or less prior to the program, half of the program fee will be refunded. "No-shows" will **not** be refunded.

## Weather

Happy campers are warm/cool and dry campers. All of our programs at our site are outdoor experience programs, please prepare your children for the temperature and weather extremes of New Hampshire. This includes jackets, hats, and appropriate footwear.

## Please Bring...

Appropriate clothing and footwear as noted above. No open-toed shoes or Crocs, please. Also bring a backpack, water bottle or two, sunscreen and bug repellent of your choice (if you don't send your own bug repellent, we have herbal only), snacks and lunch. A refrigerator is available if necessary, but no microwave. Please **DO NOT** bring trading cards, electronic devices or other distracting toys or they will be confiscated and returned to parents.

**We appreciate your cooperation with our program policies. If you have any questions or comments, please feel free to contact us and let us know. We are always looking for ways to make things run more smoothly for everyone.**

# EMERGENCY CONTACT INFORMATION (To be completed by *Parent/Guardian*)

Camper's Name (First, Middle, Last): \_\_\_\_\_

## Parent/Guardian #1

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

Address (if different from camper) \_\_\_\_\_

## Parent/Guardian #2

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

Address (if different from camper) \_\_\_\_\_

## Two ALTERNATE EMERGENCY CONTACTS if parents are unreachable (We will always try to contact parents first).

Alternate Emergency Contact #1 \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Emergency Contact #2 \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

## Person(s) other than parent/guardian AUTHORIZED TO PICK UP YOUR CHILD

Children will *only* be released to the individuals indicated below and *only* with a written note from the parent. *(Verbal arrangements are not permitted.)*

Pick-Up Person #1 \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Pick-Up Person #2 \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

# HEALTH HISTORY, PART I (To be completed by Parent/Guardian)

Camper's Name (First, Middle, Last): \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please specify if the camper has any medical conditions or history of which we should be aware (including recent surgeries, injuries or illnesses)

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

Hearing/Vision:  Glasses  Contact Lenses  Hearing Aids

Any known allergies (medication, food, insects, environmental)

\_\_\_\_\_

What is your child's reaction to his or her allergy?

\_\_\_\_\_

Medication given for allergies (if any)

\_\_\_\_\_

Will your child need prescription or over the counter (OTC) medications at camp?  Yes  No

*If Yes, see **Physician's Orders for Medication Section** (pg. 4). Please list medication, including inhalers, epi-pens, dosage and time taken. Any medication to be administered at camp must be clearly marked with child's name, frequency, and dosage. If a camper has a prescription for an inhaler or an epinephrine auto-injector (epi-pen), we must receive written permission from the child's parent/guardian AND physician in order for the child to possess the medication.*

## HEALTH HISTORY, PART II *(To be completed by a Physician)*

Has this child been diagnosed with emotional, social or behavior concerns or disorders?  Yes  No

If Yes, please describe including any treatment or medications as well as the best strategies to assist the child, especially positive ones

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Is this child currently under the care of a physician for any health conditions?  Yes  No

If Yes, please describe, including any needed treatment at camp

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Description of any limitation or restriction on camp activities

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Immunization Records attached *(required)*

## PHYSICIAN'S ACKNOWLEDGEMENT

"I have examined this child and find him/her to be in good health and able to participate in any camp activity program."

\_\_\_\_\_  
Physician Name *(printed)*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Date of Examination \_\_\_\_\_

Physician Address/Phone \_\_\_\_\_

## PHYSICIAN'S ORDERS FOR MEDICATION

Med #1 \_\_\_\_\_

Med #2 \_\_\_\_\_

Dosage/Freq. \_\_\_\_\_

Dosage/Freq. \_\_\_\_\_

Reason for taking \_\_\_\_\_

Reason for taking \_\_\_\_\_

Self-administered?  Yes  No

Self-administered?  Yes  No

Side effects \_\_\_\_\_

Side effects \_\_\_\_\_

*NO prescription medications will be administered without the completion of the above Physician's Orders and signed by both the Physician and a Parent/Guardian. By signing below, the child's parent/guardian and physician are confirming that the child has the knowledge and skills to safely possess and use (as directed with supervision) the epi-pen or inhaler at camp. All medications will be securely stored in our camp office and distributed by these orders. However, due to recent changes in State law, inhalers and epi-pens may be carried by the child.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## PHOTOGRAPHIC RELEASE *(To be completed by Parent/Guardian)*

We often take photographs during our camps and programs for use on our website, and in press releases, brochures, magazines, outside publications, etc. We request your permission to photograph your child while he/she participates in our classes and activities.

I hereby grant permission for Prescott Farm staff, or other persons authorized by Prescott Farm (including newspapers, television or other media outlets) to take photographs (still or video) of my child. These photographs may be used for information and promotional materials relating to Prescott Farm activities, educational programs, and conservation efforts. I understand that Prescott Farm may proceed in reliance upon this release form.

I DO NOT grant permission for Prescott Farm, or other persons authorized by Prescott Farm (including newspapers, television or other media outlets) to take photographs (still or video) of my child.

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENTAL AUTHORIZATION *(To be completed by Parent/Guardian)*

"I hereby grant permission for my child, \_\_\_\_\_, to engage in all WildQuest camp activities at Prescott Farm, except as noted in the Health History sections (pg. 3 & 4).

The health information provided is correct and complete to the best of my knowledge.

I request the camp to call me if my child is injured or becomes ill. In the event I cannot be reached in an emergency, I hereby give permission to the staff of Prescott Farm, who are properly trained and certified in First Aid and CPR to administer such care and provide OTC medications (eg. Tylenol, Ibuprofen, Calidryl for poison ivy) and prescribed medications as listed on the Physician's Order form to my child. I also authorize the camp to call the physician listed and to follow his/her instructions. In the event that the camp is unable to contact the physician, they may make whatever arrangements are deemed necessary (eg. ambulance, emergency room, hospitalization) for my child. I agree to the release of any medical records necessary for treatment.

I hold harmless and indemnify the staff of Prescott Farm and Prescott Conservancy, Inc. from any liability while providing care for my child during camp, including while on field trips.

This completed form may be photocopied for trips out of camp."

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# CAMPER PROFILE *(To be completed by Parent/Guardian)*

At Prescott Farm, we strive to meet a variety of individual needs within the context of our camp community. To help us get to know your child and prepare for meeting his or her needs while he or she is at camp, please complete the following camper profile.

**Please share any of your child's special interest or talents:**

**Please tell us about any situation or skills that are challenging for your child:**

**Please describe your child's ability to work in a group setting (ie. Shy, outgoing, leader, cooperative, prefers small groups, etc.):**

**Does your child have any difficulties with behavioral, learning or physical skills? If so, please describe and list the best way to assist the camper (for example, give directions one step at a time, or written, or perhaps your child needs to run around for 15 minutes after lunch, etc.):**

**Does your child have a special aide or assistance at school or other organized programs?**  Yes  No

**What do you feel is the best way to handle discipline for your child?:**

**Has your child attended camps at Prescott Farm in the past?**  Yes  No

**If so, for how many years?**  1  2  3  4  5

**What other camps or similar educational programs has your child attended?:**

**Please list anything else you think would be helpful for us to know about your child so that we can provide them with the best possible camp experience (please use additional paper if necessary):**