

# **For-Mar Nature Day Camp Health History & Release Form**

(Please fill out ONE form per camper—please print)
The information in this form does not affect the camper acceptance process.

R400.11127, R400.11117

Allergies: (check one)Yes, this child has allergiesNo, this child has no known allergies (Attach additional pages if needed) Allergy: Reaction:	Camper Name:		Bir	Birth Date:			
Allergy: Reaction:  Toileting: All campers must be able to use the toilet independently prior to starting camp. Using the toilet independently is defined as the camper asks to go to the bathroom when needed. In addition, being able to wipe themselves, pull up their pants, flush, and wash their hands.  Yes, I attest that my child is able to use the toilet independently. No, My child cannot use the toilet independently. Notes:  Diet/Nutrition: (check one) This camper DOES NOT have special dietary needs. This camper DOES have special dietary needs, such as:  Doctor/Health Insurance: This camper is covered by family health insurance: Yes / No Subscriber Name on Insurance Card: Insurance Company: Health Insurance ID #: Preferred Hospital (If Possible): Primary Care Physician: Physician Phone:  Immunizations:		Camper Group:	Tadpoles	Owlets	Eagles	Grade Last Completed: _	Age:
Allergy:		(Attach addit Allergy:	cional pages	s if neede	ed) Reaction: Reaction:		
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No, My child cannot use the toilet independently.  Notes:  Diet/Nutrition: (check one)  This camper DOES NOT have special dietary needs.  This camper DOES have special dietary needs, such as:  Doctor/Health Insurance:  This camper is covered by family health insurance: Yes / No  Subscriber Name on Insurance Card:  Insurance Company:  Preferred Hospital (If Possible):  Primary Care Physician:  Physician Phone:  Immunizations:	/ ^ \	All campers must be able to use the toilet independently prior to starting camp. Using the toilet independently is defined as the camper asks to go to the bathroom when needed. In addition, being able to wipe themselves,					
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Insurance Company: Health Insurance ID #: Preferred Hospital (If Possible): Primary Care Physician: Physician Phone:  Immunizations:		This camper is c	overed by f	amily he		•	
Preferred Hospital (If Possible): Primary Care Physician: Physician Phone: Physician Phone:		Subscriber Name on Insurance Card:					
Primary Care Physician: Physician Phone:  Immunizations:		Insurance Company: Health Insurance ID #:					
Immunizations:		Preferred Hospit	Preferred Hospital (If Possible):				
		Primary Care Ph	ysician:			Physician Phone: _	
		Immunization	ns:				
				immuni	zations:	Y	es / No

### **Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission for For-Mar Nature Day Camp to provide care to my child based on their Health Service Policy. I give permission to For-Mar Nature Day Camp to secure proper emergency medical treatment, surgical treatment, and routine non-surgical medical care, related to the health of my child.

I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.

Parent/Guardian Signature:	_ Date:	Relationship:
starr. I give permission to photocopy this form.		

Camper Name:

<b>General Health History:</b> (Circle Ye Has/does the camper:	es / No , if Yes exp	olain below.)		
Fainting/Dizziness	Yes / No	Glasses/Contacts	Yes / No	
Chronic/Recurrent Illnesses	Yes / No	Back/Joint Problems	Yes / No	
A Recent Injury	Yes / No	Skin Conditions	Yes / No	
Asthma/Shortness of Breath	•	Seizures/Epilepsy	Yes / No	
Hypoglycemia/Diabetes Other:	Yes / No	Headaches -	Yes / No	
If yes, please describe:				
Mental, Emotional, and Social H Note: This information is confi- camper. This information does	dential, and is only	to ensure adequate accomn		
In the past 12 months, had a <b>sign</b>	ificant life event t	hat continues to affect the	camper's life: Yes / No	
If yes, please describe:				
Has/does the camper have:				
Attention Deficit Disorder (A	ADD)	Yes / No		
Emotional or Behavioral Dif	•	Yes / No		
Attention Deficit Hyperactiv	ity Disorder (ADHD)			
Eating Disorder Speech Impairment		Yes / No Yes / No		
Autism		Yes / No		
Asperger's Syndrome		Yes / No		
Hearing Impairment		Yes / No		
If yes, please describe:				
Medication(s), Inhaler, Epi-pe				
•		tion(s), inhaler, and/or epi-		
Yes, this camper WILL ta	ke medication(s), in	haler, and/or epi-pen durin	g camp hours.	
<ul> <li>If Yes, you MUST fill out a "\"</li> </ul>	Weekly Medication	n Log" form.		
If the camper needs to take an			•	
check your camper in, bring er	_	•		
<ul> <li>ALL MEDICATIONS MUST BE with instructions including the</li> </ul>				
medication, the dosage, and the				
<ul> <li>If your child uses an inhaler an</li> </ul>				
• It is your responsibility to update us on the status of your child's medical conditions if there are changes at any time throughout camp.				
Please list ALL medication(s)		_	-	
non-routine medications (Aspirin, Cough Drop, Cortisone, TUMS, etc.) to be taken on an as-needed basis:  Medication 1:				
Medication 2:				
Medication 3:				
Medication 4:				
Medication 5:				

Sunscreen/Bug Spray/Tecnu Policy: (circle Yes / No below)			
I give permission for For-Mar Nature Day		•	ply of these items on my
child: Spray Sunscreen	Yes /	No, my child will br	ina their own*
Bug Spray	Yes /	•	_
Tecnu (for Poison Ivy)	,	No, my child will br	_
		,	_
*Any items brought from home MUST	be labeled v	vith Camper's name	
Notes:			
**We understand that ticks are a concern their camper(s) at the end of each day.	. Parents/Gua	rdians are responsible	for doing a full tick check of
Additional Information: Please use the space below to provide us while they're at camp. This can include inf			
medical or emotional habits. Any informat potential accommodations are useful.			
CONSENT, RELEASE, and INDEMNIF	ICATION W	AIVER	
In consideration of my participation in the enhereby assume all risk of personal injury or arising, while I am on the premises owned County Park and Recreation Commission are therefore, directly and indirectly, and will defect the Recreation Commission, and their officers, arising out of neglect or will actions, or the Commission or their officers, agents, and enhering allowed to engage in the activity reference.	death and proby Genesee Conditheir officer efend, indemnagents, and endinger failure to actomployees. The	operty damage, or los ounty, and release Ge s, agents and employ lify, and hold harmles mployees from any su on the part of the Cou	es from whatever causes enesee County, Genesee ees from any liability s the County, Parks and ech liability, whether or not enty, Parks and Recreation
The undersigned, on my behalf of myself are Commission of our name, photograph(s), libroadcasting, publicizing, and advertising for license others to use and reuse the above of	keness, and venters the Commis	oice for the use and resion. I further grant t	e-use in conjunction with
I allow, and understand that by no	ot signing this	form, my child canno	t attend camp
	5 5	,,	t atteria camp.
Printed Name of Parent/Legal Guardian:			
Printed Name of Parent/Legal Guardian: Signature of Parent/Legal Guardian:		·	Date:



## **CAMPER CODE OF CONDUCT & DISCIPLNE**

(Please fill out ONE form per camper—please print)

2011 1010		
R400.11127, R400.11117	Camper Name:	

The For-Mar Nature Day Camps goal is for campers to learn how to respect themselves, others, and the natural world around them. To create well rounded individuals for our community, For-Mar Day Camp utilizes positive group connections to build knowledge to be a better steward for the earth. Time in nature will offer multiple opportunities to practice social, emotional, and other practical skills that will have lifelong benefits. To accomplish this, we ask that all participants follow a simple set of behavior guidelines. Campers will be expected to follow the following code of conduct as soon as they arrive at camp.

### PLEASE REVIEW THIS CODE OF CONDUCT WITH YOUR CHILD AND SIGN AT THE BOTTOM.

#### While at For-Mar Nature Preserve:

- I will be honest and respectful of my peers, my camp staff, and myself.
- I will follow directions and rules at camp.
- I will respect property belonging to any other campers, staff members, For-Mar, or field trip visited sites.
- I will use/practice appropriate conduct and language.
- I will stay within the camp boundaries.
- I will do my best to ensure that everyone, including myself, has fun at camp!

### Discipline will be handled in the following manner:

- 1. A verbal warning will be given, with alternative behavior options established.
- 2. A second verbal warning will be given, with alternative behavior options reinforced.
- 3. A third verbal warning will be given, Restriction from the activity, and a one-on-one informal meeting with the Camp Counselor to establish why they keep doing the unwanted behavior. Once a resolution has been reached, the camper can resume activities. Inform the Camp Director of the one-on-one mediation.
- 4. A fourth verbal warning will be given, with the alternative behavior options reinforced.
- 5. If the behavior continues, a Conference with the Camp Director, the camper, and Counselor, and letter will be sent home outlining the behavior.
- 6. If the behavior continues, the camper and Camp Director will make a phone call to parent/quardian.
- 7. If the behavior continues, the child is sent home if they are not actively trying to improve their behavior, and they can return the next day.
- 8. Repeat steps 1-7 on the following day if needed. If there is no behavior improvement, suspension from camp at the discretion of the Camp Director.

### \*Please Note:

- Actions deemed harmful to oneself, or another camper are subject to immediate dismissal. No refunds will be issued if a camper is suspended from camp.
- \*Camp administration has the authority to advance the above steps on a case-by-case basis.
- \*The child's participation may be terminated if there are behavioral or developmental concerns beyond the scope of what the program and its staff is/are able to manage.
- \*Failure to follow these guidelines will result in the loss of For-Mar Nature Day Camp privileges, up to, and including suspension and removal from the program.
  - \*\*For-Mar Nature Preserve & Arboretum, as part of the Genesee County Parks and Recreation Commission, has a Zero Tolerance Policy towards violence of any kind. Related behavior will result in expulsion For-Mar Nature Day Camp without refund\*\*

    I have reviewed the above Code of Conduct with my child.

PARENT/GUARDIAN: By signing this form, I assert my understanding that should my child require transportation
from their camp program due to illness, behavior problems, or other reasons, I will be required to provide
transportation in a timely manner as designated by camp administration. Also, by signing this form, I am
acknowledging that I read this code of conduct with/to my child, and they understand its importance

I received the Parent/Guardian Handbook when I applied, and know it is available online.

0 0	•	•	•	•
Parent/Guardian Signature:	 			Date:

<sup>\*</sup> All health and camp forms are due 3 weeks after you register for camp, or your spot may be forfeited.\*



# For-Mar Nature Day Camp

# Arrival and Departure Policies & Release Authorization Plan

Name of Camper:	
•	

## **Arrival and Departure Policies**

- The drop-off and pick-up location will be at:

  DeWaters Educational Center 5360 E. Potter Rd., Burton, MI 48509
- Campers are supervised at all times, including during arrival and departure.

Tadpoles: Drop-Off @ 9am and Pick-Up @ 12pm Owlets & Eagles: Drop-Off @ 9am and Pick-Up @ 3pm

• If you must drop-off or pick-up outside of the above times please contact the Camp Director.

### Drop-off & Check-In Procedures

- Drop off begins no earlier than 8:45am
- Staff will have a check-in station set up from 8:45 am to 9:15 am.
- A staff member will greet Parents/Guardians at the check-in table where you and your camper(s) will walk up to the check-in table. All drop-offs/pick-ups will be held outside. Campers are not allowed to be dropped-off without the Parents/Guardians signing the camper(s) in at the check-in table.
- A visual and verbal camper health screen will be conducted upon arrival each day. Parents should screen children at home before arriving at camp. Children with a fever or other COVID-19 symptoms should stay home.
- If we do not see your camper by 9:15 am, a phone call will be made to the parent/guardian. If there is no answer, staff will assume they are not attending that day.
- If you know your camper is not attending camp that day, please call our Camp Director, Marissa Pannett at (810) 280-3839, or email her at mpannett@gcparks.org.
- Owlets/Eagles on field trip days: Campers are required to arrive by the designated dropoff time. If a camper is going to be late and will not arrive until after the bus leaves, please call the Camp Director immediately to work out a plan together. We will have several reminders about arrival times, so please do NOT be late!

### Pick-Up & Check-Out Procedures

- A staff member will greet you at the check-out table where Parents/Guardians and camper(s) will walk up. Parents/Guardians will sign the camper(s) out. All drop-offs/pickups will be outside. Campers are not allowed to be picked-up or leave without the Parents/Guardians signing the camper(s) out at the check-out table.
- Parents/ Guardians are required to check in/out their camper(s) with a staff member, and should be prepared to show their state-issued ID.
- If someone who is not listed on your child's registration forms will be picking them up, please inform the Camp Director ahead of time so their name can be added.
- If a camper is picked up after the times specified above (Noon for Tadpoles, and 3pm for Owlets and Eagles), a late fee of \$10.00 for every 15 minutes that they are late, per camper, will be billed. <u>This late fee will be charged to your account.</u>

### For a camper remaining after 3pm

- 1. At 3:10 pm use Emergency Card to make 1st contact with parents/guardians.
- 2. At 3:15 pm use Emergency Card to make 2<sup>nd</sup> contact with parents/guardians. You will begin to incur a late fee of \$10.00, for every 15 minutes late.
- 3. At 4 pm we will call a Park Ranger for child neglect.

### Release Authorization Plan

- Anyone picking up your child MUST PROVIDE ID when picking up the camper, and the person must be listed as "approved to pick-up my child" on your registration forms.
  - 1. For-Mar Nature Day Camp Staff will call the camper's parent/guardian in the event an unauthorized person is attempting to retrieve their child.
  - 2. If parents cannot be reached, the Camp Director is notified immediately.
  - 3. If the Camp Director cannot be reached, please inform the Front Desk and ask that they call a Park Ranger.
  - 4. Camper must stay in the custody of For-Mar Nature Day Camp Staff, and/or a Park Ranger, until the parent is able to retrieve the camper.
  - 5. In the event the unauthorized person is unruly and demands possession of the camper, a Park Ranger is to be notified immediately.
- All staff members are trained in the event of an unauthorized person attempting to pick up a camper from the program.
- If a person attempting to pick-up a camper is NOT already listed on the initial registration forms for summer camp, a written authorization for pickup must be filled out at camp, which includes:
  - 1. When the camper is to be released.
  - 2. How & where the release will occur.
  - 3. Who the camper is to be released to (must show ID).

By signing this document, I a	m aware of the above policies.
Parent/Guardian Name:	
Parent/Guardian Signature: _	
Date:	