

# Pickering Creek Audubon Center

## Assistant Naturalist April- August 2010 Registration Form

ANs Name: \_\_\_\_\_

Birth date:    /    /    Age:\_\_\_\_    Grade in Fall:\_\_\_\_    School: \_\_\_\_\_

Contact Email(s): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Permission and Photo Release:

This child has my permission to take part in Pickering Creek Audubon Center Assistant Naturalist and EcoCamp programs, and I agree to follow all policies governing these programs, which includes payment for all programs.

I hereby grant permission for staff members of PCAC to photograph my child/children participating in the Assistant Naturalist Program. I understand these photographs may be used for future press purposes, brochures or in "Views", the PCAC newsletter.

[   ] I do not grant permission for staff members of PCAC to photograph my child.

-----  
Signature of parent/guardian

**Please record the EcoCamp weeks that you would like to volunteer.  
Also indicate whether you would like to participate in more than one week.**

### EcoCamp Dates

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Fourth Choice: \_\_\_\_\_

I would like to volunteer \_\_\_\_\_ (#) weeks at summer camp.

**Comments or special requests:**

**PAYMENT-** please make checks payable to Pickering Creek Audubon Center

[   ] I enclose a full non-refundable payment for the Assistant Naturalist program (\$100)

T-Shirt Size: (circle) youth: S M L XL adult: S M L XL

front: "Today is awesome." Back: "Pickering Creek Audubon Center EcoCamp 2010", frog graphic

[   ] I enclose \$12 ea. for **ADDITIONAL** EcoCamp 2010 organic cotton t-shirt(s) in size(s) (circle) youth: S M L XL  
(order must be placed by May 24<sup>th</sup>) adult: S M L XL

Total Amount Enclosed: \_\_\_\_\_

# Pickering Creek Audubon Center • Assistant Naturalist 2010 • Emergency/Medical Form

**Both sides of this form must be completed in full for your student to attend camp.**

_____ Name of Assistant Naturalist	_____ Mother's Name	_____ Father's Name
_____ Street Address	_____ Street Address	_____ Street Address
_____ City/State/Zip	_____ City/State/Zip	_____ City/State/Zip
_____ Birth date	_____ Day time Phone	_____ Day time Phone
_____ Phone #	_____ Cell Phone	_____ Cell Phone
_____ Camp Weeks Enrolled		

.....  
**PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:**

_____ Name	_____ Name
_____ Address	_____ Address
_____ City/State/Zip	_____ City/State/Zip
_____ Relationship to Child	_____ Relationship to Child
_____ Phone #	_____ Phone #

.....  
**FAMILY PHYSICIAN & DENTIST:**

_____ NAME OF PHYSICIAN	_____ Phone #	_____ NAME OF DENTIST	_____ Phone #
_____ Address	_____ City/State/Zip	_____ Address	_____ City/State/Zip

.....  
**Assistant Naturalist PICK-UP INFORMATION**

\_\_\_\_\_ may be picked up by the following people:

(AN's Name)

**Name and Relation to Student**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

[    ] my student drives him or herself.

Pickering Creek Audubon Center • Assistant Naturalist 2010 • Emergency/Medical Form

MEDICAL HISTORY

Allergies (types & reactions): \_\_\_\_\_

Chronic physical problems: \_\_\_\_\_

Physiological or behavioral problems: \_\_\_\_\_

History of hospitalization: \_\_\_\_\_

List any illnesses/operations the child has had: \_\_\_\_\_

Special medications currently administered:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time given: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time given: \_\_\_\_\_ Reason: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name of MD school attended \*\*: \_\_\_\_\_

Address: \_\_\_\_\_

\*\* NOTE: If Assistant Naturalist is not enrolled in a Maryland school please attach a copy of his/her immunization record to this form!

.....

MEDICAL AUTHORIZATION AND RELEASE

Should my child sustain or incur any accident or illness while attending Pickering Creek Audubon Center EcoCamp, and in the event that I, \_\_\_\_\_, cannot be reached in an emergency, I do hereby authorize the staff and employees of Pickering Creek Audubon Center to secure proper medical treatment (including hospitalization and/or anesthesia and/or surgery ordered by the physician chosen) and to execute any and all documents, including necessary releases required by any medical facility to perform any emergency or other medical care for my child.

I further agree that in consideration of my child attending Pickering Creek Audubon Center EcoCamp, I will hold the said Pickering Creek harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending EcoCamp. I hereby waive my right of legal action against Pickering Creek Audubon Center, Chesapeake Audubon Society, National Audubon Society and the officers and staff thereof.

Signature of parent or guardian: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

.....

BENADRYL AND EPI-PEN POLICY

If an Assistant Naturalist is aware of an allergy to insect stings they must come with their own medications including Benadryl and an Epi-Pen and be able to administer their medications themselves. Please include on this form under "allergies".

If an Assistant Naturalist is not aware of his or her allergy to insect stings, EcoCamp staff are trained by our camp medical supervisor to give Assistant Naturalists 25mg of Benadryl if they begin to show signs of a reaction to an insect bite (itching or hives). If an Assistant Naturalist is not aware of his or her allergy to insect stings and has a severe reaction (widespread hives, nausea, vomiting, diarrhea, trouble breathing, coughing, wheezing, lightheadedness, dizziness, or disorientation), EcoCamp staff is trained by our medical supervisor to administer a child size Epi-Pen, take 25 mg of Benadryl if not already taken, and call emergency services.

By signing below you acknowledge these policies and verify that your child has no known allergy to Benadryl.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_