

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 an amount of at least \$35 to become a Pickering Creek Audubon Center Supporter and join the assistant naturalist club.

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 24th) adult: S M L XL

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		

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

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

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FAMILY PHYSICIAN & DENTIST:

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

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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!**

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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: _____

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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: _____