Use this form for Lil Nature Kids, Nature Recess, Nature Day Camp & Rockin Robins Programs.

2015-16 Environmental Education Program

Health Form & Medical Release

Nature Day Campers: A NEW HEALTH FORM IS REQUIRED EACH WEEK!

General Participant Information _____Birthday _____Age ____Gender____ Child's Name Parent/Guardian Name(s) Primary Phone______ text? Yes No Alt Phone_____ text? Yes No Alt Phone ______ text? \(\text{Yes} \(\text{No} \) Alt Phone _____ text? \(\text{Yes} \(\text{No} \) _____City ______ST ____Zip _____ **Most program correspondence is done by email. Please clearly print an email address you check frequently.** ☐ Yes! Add my email to the monthly EE Newsletter (Raven Review) list so I know what's happening! □ No thanks, or I'm already on your mailing list. **Medical Emergency Waiver** In participating in programs sponsored by Portland Parks and Recreation, I hereby acknowledge that I am the legal guardian for the above named participant. I understand there are risks of accidents, resulting in bodily harm to my child named above, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled him/her. However, I do hereby waive all claims, which I might have against the City of Portland, or any of its officers, agents or employees by reason of bodily injuries or death, that my child might suffer arising out of his/her participation whether or not caused by the City's negligence. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, and loss of personal property, incurred in my child's behalf. Signature of Parent or Guardian _____ Date _____ **Emergency Information** If we are unable to reach parents/guardians in case of an emergency, who should be notified? Name_____ Relationship_____ Phone _____ Physician's Name Year of most recent Tetanus Vaccination_____ Insurance Provider Insurance or Medical Policy No. In case of injury, participants will be taken to the nearest hospital: on the west side of Portland to St. Vincent or Good Samaritan and on the east side to Providence or Kaiser Sunnyside, unless you specify another hospital.

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For Staff Use Only:			

Please take my child to

☐ Yes, the health concerns for this child were reviewed and discussed with a parent if needed. (Staff Initials _____)

Child's Name _____ Age ____ Primary Phone _____

Nature Name

Child's First Name	Last Name	Age
Health	Concerns & Medication	Information
Does the participant require any ac	comodations? Yes No	
If yes, please explain		
If yes, have you contacted the PP&	R Inclusion Specialist at 503-823	3-4333? □ Yes □ No
Please check all that apply to the p	articipant:	
□ Asthma/Respiratory Condition □	Hearing Impaired/Deaf □ Sun Bu	urns Easily □ Diabetes □ Unusual Bleeding
☐ Seizures - Type & Frequency? _		
☐ Bee Sting Allergy - Reaction?		
		Reaction?
☐ Medication Allergies - To what?		Reaction?
Are there any other health consider	rations that staff should be aware	of? If so, please describe.
Does your child currently take any		
If yes, please describe medication	and dosage	
•	nal packaging on the first day of p	while participating in a class or camp, programming. ADDITIONAL PAPERWORK s/ndc)****
1	ell us a little about your	child
	_	display his/her anger or frustration?
What's the best way to calm down	your child when he/she gets upse	et? What does he/she respond to?
Is there any other information that	would help your child have a succ	cessful experience?
During this EE program, my child is	s excited to experience	
My child feels nervous about		
As a parent, I hope that during this	EE program my child gains	