Use this form for Lil Nature Kids, Lil Nature Families, Eco-Recess, Nature Day Camp, DIY, and Rockin Robins Programs.

Environmental Education Program

Intake Form & Medical Release

Attention summer camp families! AN INTAKE FORM MUST BE COMPLETED EACH WEEK.
If you are doing multiple weeks, we suggest making copies!

Emergency Information

Child's First and Last Name _____ Date of Birth ___ / ___ / _____

Parent/Guardian Name(s) _____

Best phone to call during the camp day _____ Does it receive texts? ☐ YES ☐ NO

Next best phone to call during the camp day _____ Does it receive texts? ☐ YES ☐ NO

In an emergency, parents are always called first. If we are unable to reach parents/guardians in case of an emergency, who should we call? (Please list someone local)

Name_____ Relationship_____ Phone _____

Insurance Provider _____ Policy No._____ Preferred hospital _____

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 them. 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 their 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. There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events. Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

Signature of Parent or Guardian _____ **Date** _____

Important information about your child...

What gender pronoun does your child use? ☐ She/Her ☐ He/Him ☐ They/Them ☐ _____ (_____)

When your child gets frustrated or upset, how do they typically display his/her anger or frustration?

_____

What's the best way to calm down your child when they are upset? _____

_____

My child is excited about _____

My child feels nervous about _____

As a parent, I hope that my child _____

Are there any special accomodations, allergies, or health considerations that staff should be aware of? If so, please describe.

_____

_____

Does your child currently take any medication? ☐ YES ☐ NO

If medication (even over-the-counter medication) is coming with your child, ADDITIONAL PAPERWORK IS NEEDED. Please bring medication in its original packaging on the first day of programming and complete the forms found at: **www.portlandoregon.gov/parks/ndc**

PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland