

Dear Parents,

Cincinnati Nature Center is required to have completed health forms on hand for each program your child attends throughout the year. These forms must stay in each program's files. If you will be registering your child again this year, even for the same program, please make a copy of your completed health form and then change the Program Name and any updated information. Keep on hand and simply sign, date and turn this copy in for the next program. Always be sure the medical information is current! Thank you for your cooperation.

Amy Johnson
Registrar
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**CINCINNATI NATURE CENTER — LONG BRANCH FARM & TRAILS
YOUTH PROGRAM**

HEALTH FORM AND CONSENT TO MEDICAL TREATMENT

PROGRAM: _____

Please read and complete both sides of this sheet and return **immediately** to: Long Branch Farm, 6926 Gaynor Road, Goshen, OH 45122-9752. It is **extremely** important that our staff have these forms in time to review them **before** the program begins.

Our policy prohibits staff from administering or carrying medication for campers, so please be sure your child knows the proper way to carry and use his/her inhaler, epi-pen, or other medication.

******Please be sure that all telephone numbers are legible, indicate if cell and which # to call 1st.******

Child's full name _____ Gender _____ Birth date _____

Nickname or name child prefers to be used on name tag _____

Address _____ Telephone _____ (Cell?)
Street City State Zip

In case of emergency, call: _____ Telephone _____

Father's name _____ Mother's name _____

Pediatrician/Family Physician _____ Telephone _____

Date of last physical examination _____ By _____ Telephone _____

GENERAL INFORMATION NECESSARY FOR CHILD'S CARE AND PROTECTION:

1. Immunization record (check): DPT (diphtheria, pertussis, tetanus) _____ MMR (measles, mumps, Rubella) _____
Polio _____ Last tetanus within 10 years, yes no

2. Known or suspected allergic reactions:
a) Antibiotics or other medications (specify) _____
b) Asthma (please describe severity) _____
c) Environmental agents (circle all that apply): dust molds pollen cats dogs horses other: _____
d) Insect bites, bee, wasp or hornet stings (describe) _____
e) Poison ivy _____ f) Food (please list and describe) _____
g) Shellfish allergies _____ May be induced when eating insects such as cicadas.
h) Other _____ i) NO KNOWN ALLERGIC REACTIONS

Does your child require medication for any of these allergic reactions? _____ Explain: _____

3. Please list any medications (other than those mentioned above) that your child may be taking: _____

4. General Health Status. For each item, indicate "none" or give brief description (use "Comments" section), as needed.

- | | |
|---|------------------------------------|
| a) Recent surgery/illness _____ | d) Nervous habit _____ |
| b) Broken bones _____ | e) Emotional _____ |
| c) Headaches/seizures/convulsions _____ | f) Other limiting conditions _____ |

Comments _____

5. What other characteristics about your child would it be helpful for us to know about (interests, talents, fears, social skills, etc.)? _____

CONSENT:

IN CASE OF ANY CONDITION REQUIRING MEDICAL TREATMENT, I hereby authorize Cincinnati Nature Center personnel to obtain medical treatment, hospitalization, medication, injections, anesthetic or surgery for the child named above when such treatment or hospitalization is considered necessary in the opinion of a licensed physician.

Further, I hereby agree to pay for the medical treatment authorized above. I do/I do not carry medical insurance with:

Carrier

By: _____
signature Mother () Father () Legal Guardian ()

Policy Number

Date: _____

(Please read and sign other side.)

CINCINNATI NATURE CENTER — LONG BRANCH FARM

YOUTH PROGRAM

RELEASE FORM

The purposes of organized outdoor activities, day-camp, and camping experiences are to provide children supervised contact with the natural environment, different cultural experiences, and opportunities for personal growth and maturation. Recognizing the impulsive nature of children, coupled with their lack of experience and maturity, CNC staff and volunteers will take every reasonable precaution to ensure the safety of your child when participating in a youth program at the Cincinnati Nature Center.

Some of the usual activities in which children participate during the CNC programs can include, but are not limited to:

Organized exploration of the outdoors (including, but not limited to, walks and trips to fields, lakes, ponds, streams, rock outcrops, and other natural areas for educational purposes).

Animal handling (with contact including, but not limited to, captive non-poisonous snakes, frogs, salamanders; free-living animals such as crayfish, fish, frogs, turtles, insects; and occasionally dogs and other domestic animals used in demonstration programs).

Field trips away from the CNC (the nature of which would be detailed in specific program information supplied to the participant), with transport provided by staff and/or volunteers in their personal vehicles (all children seat-belted).

These activities can, by their nature, pose some risk to the participants, including, but not limited to, physical or emotional stress, physical risk and exposure to environment or contact allergens (dust, mold, pollen, animals, poison ivy, grasses, and insect bites and stings, among other things). On very rare occasions non-venomous snakes may bite. It is important to note that some of these risks are in addition to the usual risks attendant to summer camp experiences.

Therefore, our staff needs to be informed of any and all physical, emotional, developmental, learning, or health limitations of which you are aware that might place your child at greater than normal risk during participation in this program. Thus, it is incumbent upon you to complete the reverse side of this page thoroughly, clearly, and thoughtfully.

CONSENT AND RELEASE:

I have read, or had explained to me, and understand the preceding paragraphs and have completed the health form on the reverse side of this page to the best of my knowledge. I consent to allow my child, or to engage myself, in activities of the type mentioned above and agree to assume the reasonable risk of participation in these activities. Further, in consideration of being permitted to participate in the CNC educational program, I hereby release and waive individually and on behalf of my child any and all claims, demands, and causes of action which either of us now has, or may in the future have, against the Cincinnati Nature Center, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, however caused, including by negligence, resulting from, or arising out of, or in any way connected with the program.

By: _____
Signature of participant

By: _____
Mother () Father () Legal Guardian ()
Required if participant is less than 18 years of age

Date: _____

MEDIA PERMISSION/RELEASE FORM

Occasionally the media (newspaper or television) wish to videotape or photograph children in a nature-related activity on CNC grounds. CNC staff will inform you when we receive a request. Should the occasion arise, my child _____ has my permission to be videotaped or photographed while in a class conducted by the Cincinnati Nature Center.

By: _____
Parent or Legal Guardian

Date: _____

(Please complete BOTH sides of form.)