

MAGPIE NATURE CAMP

Battle River Watershed Alliance

CAMPER HEALTH AND SAFETY INFORMATION FORM

Please complete this form that will accompany your child at Magpie Nature Camp. This information is necessary should we need to contact you during the week, or in case of emergency. No camper will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the camp leaders at all times during the camp.

Please complete page 1 for each child. Page 2 can be completed once.

Permission is granted for:

(Name of Camper) PLEASE PRINT

To participate in **Magpie Nature Camp** for the following cohort (select one):

**AUG
9-13**

Morning (9:00-12:00)

COHORT 1

8-10 year olds

Afternoon (1:00-4:00)

COHORT 2

10-12 year olds

**AUG
16-20**

Morning (9:00-12:00)

COHORT 3

8-10 year olds

Afternoon (1:00-4:00)

COHORT 4

10-13 year olds

Please provide the information requested below, as it may be needed in case of an emergency.

Camper's date of birth:

Alberta Health Care Number:

Allergies:

Conditions requiring special consideration (medical/physical/learning):

Some camp activities are near bodies of water. Though swimming is prohibited, for safety purposes - **can your child swim?** Yes No

Does your camper require: (A) **Epipen** Yes No

(B) **Inhaler** Yes No

(C) **ANY MEDICATION CURRENTLY TAKEN:**

(Type of medication and time of administration):

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____

AUTHORIZED ALTERNATE CAMPER PICK UP CONTACT

Name: _____

Phone #: _____

Relationship to camper: _____

AUTHORIZED ALTERNATE CAMPER PICK UP CONTACT

Name: _____

Phone #: _____

Relationship to camper: _____

EMERGENCY CONTACT INFORMATION:

Primary contact name _____

Relationship to camper: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Secondary contact name _____

Relationship to camper: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Camper's Physician: _____

Phone #: _____

Camper's Dentist: _____

Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

PARENT NAME (PLEASE PRINT)

PARENT SIGNATURE

DATE

MAGPIE NATURE CAMP

Battle River Watershed Alliance

CAMPER WAIVER FORM

Camper(s) Name(s)

1
2
3
4

General Release of Liability

Dated this _____ day of _____, 2021

Parent/Guardian: By signing below, you acknowledge that:

1. Payment in full is due upon arrival on opening day of your child's camp.
2. Although every effort is made to send campers home with all of their belongings, Magpie Nature Camp is not responsible for any loss or damage.
3. Your child will follow all reasonable instructions from the staff of Magpie Nature Camp while participating in the program.
4. Magpie Nature Camp reserves the right to cancel a child's participation in a camp session if their behavior is deemed unmanageable or dangerous to themselves or others, in which case they will be sent home immediately.
5. You release Magpie Nature Camp, its staff, volunteers and the Battle River Watershed Alliance of and from all manner of actions, claim and demands of whatever nature which result from any loss, injury or expense sustained, arising out of or in any way connected with participation in any program or attendance at a location operated by Magpie Nature Camp.
6. In the event your child is injured, ill or in need of medical attention and you are unable to be contacted, you authorize Magpie Nature Camp staff to seek medical attention on your behalf.

Photos

Check this box to authorize Battle River Watershed Alliance to use any photographs taken of your child while participating in Magpie Nature Camp programs for future promotional materials.

Parent/Guardian Name: _____

Signature: _____ Date: _____