

# NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_  
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Telephone (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

I give permission for (Name) \_\_\_\_\_ to attend Nature's Classroom

for the period of \_\_\_\_\_ as part of the outdoor education program

of (School Name) \_\_\_\_\_ . I understand that the director of Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN \_\_\_\_\_ TYLENOL \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

# Nature's Classroom

## HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_

*The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.*

1. Is this your child's first prolonged stay away from home? \_\_\_\_\_

2. Is this your child's first sleep away experience? \_\_\_\_\_

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have a bed wetting problem? \_\_\_\_\_

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). \_\_\_\_\_

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Does your child have any sensory, physical or cognitive disabilities?  Yes  No If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Nature's Classroom

## MEDICATION ADMINISTRATION FORM

**All medications (including prescription, non-prescription and vitamins) must come in original containers.**

**Please complete *all parts* of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page.**

**CHILD'S NAME:** \_\_\_\_\_

*I hereby give permission for the staff of Nature's Classroom to administer to my child the following medication(s):*

Medication	Dose (mg, tsp)	Time Medication Taken				
		Breakfast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Relationship: \_\_\_\_\_