



Timbernook Cape Cod

(Natures Playground LLC)
Health Form and Waiver Instructions

The following forms are to be completed **after** you have received confirmation from Timbernook Cape Cod stating that your child has been accepted into the program. Timbernook Cape Cod has its own registration form. The camp will send you confirmation upon processing your registration.

Please contact the program director today—

- If your child has limitations or special needs, contact the program director today to determine if the needs of your child can be accommodated.
- If your child does not have health and accident insurance valid within the USA, contact the program director today.
- If the religious beliefs of your family contraindicate physical exams and/or immunizations, contact the program director regarding our emergency treatment policy and waiver.
- If you have any concerns regarding the Waivers—Agreement of Terms, Image Release, or Acknowledgement of Risk, call the program director.

Forms— Please note that the pages are numbered at the bottom and that not all are numbered.

- **Forms must be completed and submitted prior to attendance.**
- Timbernook Cape Cod must have a copy of these signed forms on site.
- Due to the importance of knowing what you are signing, there are multiple pages for you to sign.
- Fill out the **Health Form**, the pages numbered 1 – 4. **⇒ 1.** Signature required on page 4.
- Attach a copy of your child's **physician record**. A copy of last year's physical, if done 24 month's prior to camp, is accepted as long as the immunizations requirements set by the Massachusetts Department of Public Health are met. We have provided a form for a doctor to use if he/she does not have a form. You do not need to use the Health Care Record form we have provided.
- Attach a copy of the **insurance card**.
- Read and sign the **Waivers**, pages 5 – 7
 - Agreement of Terms. **⇒ 2.** Signature required on the page numbered 5.
 - Audio/Visual Image Release. **⇒ 3.** Signature requested on the page numbered 5
 - Acknowledgement of Risk. **⇒ 4.** Signature required on the page numbered 6.

Health Form, Medical Waiver and Release

- ◆ The following information **must be completed by the parent/legal guardian of the minor**. The intent of this information is to provide health personnel with the background to provide appropriate care. We will strive to protect the privacy of the minor. Please provide us with all possible information so that we can be aware of your needs. **This form may be copied for trips off-site.**
- ◆ If any changes occur at anytime, you must inform the program director.
- ◆ **See your confirmation letter for deadline dates.**
- ◆ **A copy of the child's immunization record from his/her healthcare provider must accompany this form.**

Date _____ Sessions/Group _____ Name _____

Name of Participant _____ Nickname _____
Last First Middle

Female Male Date Of Birth: _____ Age as of June 15: _____ Grade entering in fall: _____

Home address _____ Phone (h) _____
Street address City State Zip

Summer address _____ Phone (s) _____
(If staying there during program) Street address City State Zip

Custodial parent or guardian _____ Relationship _____

Home address _____
(If differs from above) Street address City State Zip

Phone (Day) _____ (Eve) _____ (Cell) _____

E-mail _____
(Needed for camp communication)

Second parent or guardian _____ Relationship _____

Home address _____
(If differs from above) Street address City State Zip

Phone (Day) _____ (Eve) _____ (Cell) _____

E-mail _____

Additional Emergency Contact ◆ *Must be completed. Should know the child well and/or can assist us in reaching the guardian.*
(Person other than the guardians) ◆ *Please include this person on the Release/Pick Up list on page 4, if near enough.*

Name _____ Phone _____ (Cell) _____

Relationship _____ Address _____
Street address City State Zip

Insurance Information ◆ *Must be completed.*

This child is not covered by health and accident insurance or Medicaid.

A copy of the child's **insurance card** must be included.

Insurance carrier or Plan Name _____ Insurance ID # _____

Name of insured _____ Relationship to participant _____

Health Care Provider Name _____ Phone _____

Name of provider's practice _____ Address _____

A copy the child's **immunization record** and physical conducted within 24 months of camp must accompany this form.

For office use..

Incomplete <input type="checkbox"/>	Called _____	Return by _____	Reviewed by _____	Date: _____	<input type="checkbox"/> Immuno	<input type="checkbox"/> Health Form	<input type="checkbox"/> Release To	<input type="checkbox"/> Photo Y N	<input type="checkbox"/> Terms	<input type="checkbox"/> Risk	<input type="checkbox"/> Behav Agree	<input type="checkbox"/> Physical	<input type="checkbox"/> InsurCard	<input type="checkbox"/> Extended Day	<input type="checkbox"/> All Foms In	Med Condition/ Restrictions:	Allergies:	At camp meds:	Comments:
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Name of Child: _____

Dietary Restrictions

Check all restrictions that apply.

**Peanuts/Nuts: Due to the public nature of our site we cannot guarantee that any area is peanut/nut free.*

- Kosher Vegetarian No Dairy No Eggs No Peanuts* No Tree Nuts* No _____

Reason for the restriction/s: _____

Allergies: No known allergies

This child is allergic to: Food* Medicine The environment (insect stings, hay fever, etc.) Other _____

1) List what the child is allergic to, 2) the reaction seen, 3) how to manage the reaction and 4) if medications are to be brought to camp, you must complete page 3.

History—If your child has any special conditions, needs or limitations, you must speak with the Program Director prior to being accepted into the program. Non-disclosure may result in dismissal from the program with no refund.

Has/does the participant:

	Yes	No		Yes	No
1. Had a recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever been stung by a bee?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Have frequent stomachaches ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Had diabetes or problems with blood sugar control?...	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with constipation/diarrhea?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Been hospitalized/surgery within past 2 years?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Ever been treated for an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches ?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Passed out/had chest pain during or after exercise?..	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have problems with falling asleep or sleepwalking?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Had a seizure ?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Have a current history of bed-wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear eyeglasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. If female and of appropriate age, have problems with		
9. Traveled outside of the country in the past 9 months?...	<input type="checkbox"/>	<input type="checkbox"/>	periods/menstruation?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have frequent bloody nose?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Had asthma /wheezing? Note type and severity below....	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever been treated for emotional or behavioral		
12. Have any skin problems (rashes, severe acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>	difficulties?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever been treated for ADD or ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever been treated for Lyme Disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	27. Currently on an IEP (individualized education plan)?....	<input type="checkbox"/>	<input type="checkbox"/>
15. Have motion sickness ?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever have need for an aide at school?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers, noting the number of the question. For travel outside of the US, give countries and dates.

To better serve your child, please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc.

Please list strategies used to manage the concern and/or to enhance your child's ability to be more successful and happier while with us.

When your child is upset, how do you calm him/her down?

Activity Restrictions—Activities are similar to those described on the website and Facebook page. Please inform us of any restrictions that might limit your child's participation. In addition you must speak with the Program Director regarding the issue.

At-Home Medications—1) Please list the condition and medications taken at home (Example: Hay fever-Claritin).
2) Any medications to be taken during the hours of the program must be listed on page 3.

No medications taken on a routine basis.

Taken Daily: _____

Taken Seasonally: _____

As needed: _____

At-Timbernook Medications Name of child: _____ Age: _____ Weight: _____

Last

First

- ◆ List any medications that MAY have to be administered during program hours on a regular or as needed basis. Please note that Mass. Department of Public Health regulations allow us to administer medications during programs **only**.
- ◆ Parent/Legal Guardian must supply any and all medications.
- ◆ Expired medications will not be allowed at the program site.
- ◆ **By completing this section and signing the waiver (page 4) you will be authorizing the medications listed to be administered by Timbernook designated healthcare staff, as directed, to the child for whom it was prescribed.**
- ◆ **All medications** must be approved by Timbernook's off-site healthcare consultant/physician; seen and checked by the health supervisor; and staff must monitor each dose. Timbernook requires a signature by your healthcare provider, see the box below.*

Prescription medications must be in their original containers bearing the pharmacy label and have specific instructions for use (child's name, dosage, # pills inside, prescribing practitioner, pharmacy name & address, filler's initials, serial #).

#1 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: Inhaled By mouth Other: _____

#2 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: Inhaled By mouth Other: _____

#3 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: Inhaled By mouth Other: _____

Over-the-counter medications must be in their original containers containing the original label and directions for use. In addition these must be labeled with the participant's name and dose. You must supply any medication.

#1 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: Inhaled By mouth Other: _____

#2 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: Inhaled By mouth Other: _____

Asthma—1) List each medication separately above. 2) **The pharmacy label must accompany each med.** 3) Sign the relevant statement below.

- My child does not need to have the inhaler with him/her at all times. The medication may be stored in the **medication box (MB)**. Parent/Legal Guardian's Signature _____ MB
- My child should have the medication/s with him/her at all times. Note: Our staff must monitor each dose. Parent/Legal Guardian's Signature _____
- My child will bring a: nebulizer spacer

Allergy—1) List each medication separately above. 2) **The pharmacy label must accompany the med.** 3) Sign the relevant statement below.

4) Two Epipens should be provided. 5) Your child must be trained in the use of the Epipen.

- My child does not need to have the medication/s with him/her at all times. The medication may be stored in the **medication box (MB)**. Circle which medication/s: Benadryl, Epipen Parent/Legal Guardian's Signature _____ MB

- My child should have the medication/s with him/her at all times. Note: staff must monitor each dose.

Circle which medication/s: Benadryl, Epipen Parent/Legal Guardian's Signature _____

- If an **Epipen** is prescribed, does the child recognize the onset of an allergic reaction so as to notify staff upon the occurrence of these symptoms? Yes No If no, contact the program director today.

Timbernook special circumstances ONLY: The child's prescribing provider must sign below.

➤ Prescribing Provider _____ Signature _____ Date: _____

Timbernook Cape Cod Off-Site Healthcare Consultant Signature: _____ Date: _____

Release / Pick Up

Name of Child: _____

- In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and have given us permission to release him/her.
- Pick up people need to bring a photo ID.
- To make additions to this list, the guardian may send a signed note.
- If there are specific people your child may not be released to, as an extra precaution, please inform the camp in writing.
- Give first and last names (John/Susan Lee, not “the Lees”). *Specify if phone numbers are cellular or pagers.*

My child may be released to the following people (include carpool drivers and those to pick up in an emergency):

1. Name: _____ Relationship: **1st Parent/Guardian**
2. Name: _____ Relationship: **2nd Parent/Guardian**
3. Name: _____ Relationship: _____
 Phone (Day) _____ (Eve) _____ (Cell) _____
4. Name: _____ Relationship: _____
 Phone (Day) _____ (Eve) _____ (Cell) _____
5. Name: _____ Relationship: _____
 Phone (Day) _____ (Eve) _____ (Cell) _____
6. Describe other possible means of dismissal (bicycle, walk, taxi). _____

Medical Waiver and Authorization

- *Agreement to these terms is a required for participation.*

- 1) **Medical release:** This Health History is correct and complete as far as I know. I hereby give permission to Timbernook staff on my child's behalf to provide routine healthcare, administer prescribed and over-the-counter medications as described, and seek emergency medical treatment for my child. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Timbernook staff to arrange necessary related transportation for my child.
 In case of a medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the medical personnel selected by Timbernook’s designated healthcare staff to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for my child named above, for which charges I shall be responsible and agree to pay.
- 2) **Medications:** Pursuant of Massachusetts state law and Timbernook policy, I authorize the “At-Camp Medications” listed above to be administered by Timbernook’s designated healthcare staff, as directed, to my child for whom it was prescribed. I understand that all medications, prescribed and over-the-counter, must be in their original containers and be labeled with specific instructions, including the person's name and dosage, and that the pharmacy label must be on all prescribed medications.
- 3) **Insurance:** I certify that the participant herein described is covered by health and accident insurance or Medicaid and that the policy information given on page 1 is correct.
Note: A copy of the child's insurance card must be given, if the program has trips off-site.
- 4) **Off-site Trips:** I give permission for my child to participate in and be transported to any off-site trips as scheduled. This completed form may be photocopied for off-site trips.
- 5) **Release/Pick Up:** I understand the Release Policy as described in the Information Packet and authorize Timbernook to release my child to the persons and/or method listed above.

I, the parent/legal guardian of the participant, have read, understood, and agree to the above.

⇒ 1. _____
 Parent/Legal Guardian's Signature Printed Name Date



Name of Child

Agreement of Terms

Program: I give permission for my child to participate in all program activities similar to those described in the website, camp brochure or informational email. I understand that Timbernook reserves the right to change program activities or instructors and cancel programs should Timbernook decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed appropriate Timbernook staff of any limitations my child has and agree to abide by Timbernook's sole judgment as to whether or not the needs of my child can be accommodated. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the dismissal of the child from the program with no refund. I understand that my child must follow the stated behavior expectations and safety rules and that Timbernook reserves the right to dismiss any child whose behavior in its judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases no refunds will be given.

Sun and Bugs: I understand that outdoor exploration is an integral part of Timbernook programs and my child will, among other things, be exposed to sun, ticks and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child prior to bringing him/her to the program. I hereby give permission for Timbernook staff to assist my child with the application of sunscreen, insect repellent and/or topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours and it is my responsibility to do a thorough body check of my child every day and to remove any ticks that may become attached. I am responsible to do a complete check upon my child's return home.

Payment, Cancellation and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described in the website, camp brochure, or confirmation email.

I have read, understand and agree to abide by the terms and policies listed above as well as those found in the newsletter, camp brochure or information packet.

2. _____
Parent/Legal Guardian's Signature Printed Name Date

Audio/Visual Image Release

Timbernook uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while exploring the natural world. Timbernook will not identify my child by name.

In consideration of the above, I hereby consent to Timbernook (1) photographing, filming, and video/audio taping my child, and (2) using and displaying images and sounds of my child in

Timbernook's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child.

I have read this media release and agree to its terms and conditions.

3. _____
Parent/Legal Guardian's Signature Printed Name Date



Name of Child

Acknowledgement of Risk and Assumption of Personal Responsibility

Timbernook staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities that we offer. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other outdoor activities as well as cooking, and being near insects and animals. The website, camp brochure or information email will inform you of special activities that may also include, but are not limited to, using camp stoves and open campfires, using knives, and wading in water. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless, Timbernook Cape Cod, Nature's Playground LLC and its officers, directors, employees and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Timbernook program and its activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Timbernook program and its activities.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Timbernook program activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Timbernook program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate as described on the website, Facebook page, informational email, and elsewhere.

4. _____
Parent/Legal Guardian's Signature Printed Name Date

