



# Eco-Discovery

## Summer Camp 2024

### Important Information

Welcome to both our new and returning families—we're excited to have your child join us this upcoming summer. Below is a list of important logistic and policy information. Please contact us with any questions or concerns.

**Forms:** All forms are due by June 1, 2024. All Great Hollow forms have been digitized, please fill them out online completely and return them by e-mail. Health forms must be filled out by your child's physician or APRN and returned either in-person or by mail no later than June 1, 2024.

**Illness:** Please do not send your child in if they are feeling ill. Symptoms of illness include, but are not limited to, a fever, upset stomach, nausea, diarrhea, vomiting, congestion, runny nose, cough, and wheezing. Please do not send your child in if they have tested positive for COVID-19 in the previous 10 days.

**Hours:** CITs should arrive between 8:30-8:45 am and be picked up between 3:00-3:15 pm.

**Drop-Off and Pick-Up Location:** The drop-off and pick up location is our Education Barn, adjacent to the visitor parking lot. Please do not drop-off your child(ren) before the time listed.

**Photo:** Please attach a current photo to this document. This photo will only be seen by camp staff.

**Food:** Each CIT should bring a packed lunch to camp every day unless otherwise specified. In addition, we have two optional snack times and snacks are encouraged. Please provide a reusable water bottle that can be refilled throughout the day.

**Physical:** All CITs under the age of 18 are required by state law to have a recent physical (from within the previous 36 months of their last day) and copy of current immunizations on file with Great Hollow.

### **What to Bring:**

- ☐ clothes that can get wet, dirty, and/or paint on them
- ☐ change of clothes encouraged
- ☐ sneakers, hiking boots, or outdoor sandals with a backstrap (no flip-flops)
- ☐ bathing suit, water shoes, towel optional
- ☐ refillable water bottle
- ☐ lunch packed in a lunch bag clearly labeled
- ☐ 2 healthy snacks (please try to avoid peanuts/ tree nuts)
- ☐ rain gear (if necessary)
- ☐ sunscreen and/or insect repellent

\*You will be notified by e-mail if there are any other specific items your child(ren) may need for a particular program.

### **What NOT to Bring:**

- ☒ cell phone (can be brought by CITs, but must be left in backpacks or in pockets)
- ☒ video games
- ☒ music players
- ☒ any other electronic devices
- ☒ anything your child would be upset losing, breaking, getting dirty, or wet

### **Forms Checklist:**

- ☐ Completed, signed registration for with recent photo of CIT
- ☐ Physical examination completed within the previous 36 months of your CIT's last day of camp
- ☐ Great Hollow Nature Preserve Liability Waiver
- ☐ COVID-19 Waiver

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## Summer Camp 2024

### Registration and Authorizations Form

Recent Photo of Camper

#### CIT's Information Please fill out one form per child.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ 2023/24 Grade Level: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications\*: \_\_\_\_\_

**\*For preserve staff to administer any medication on site (including, but not limited to Epi-Pens, Benadryl, inhalers, etc.) it must be in its original container with a doctor's Rx. The Individual Plan of Care Form must be completed, along with one Medication Administration Form per medication.**

In order to better help you, please share any information or special circumstances your think camp staff should be aware of. This should include any social or behavioral concerns, physical or medical issues, family situations, etc.

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#### Parent/Guardian Information (Emergency Contact #1)

Name(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Additional Emergency Contact Information (Emergency Contact #2)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Additional Emergency Contact Information (Emergency Contact #3)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Authorizations

Please have your parent or guardian initial each

\_\_\_\_ I give permission for my child to participate in all program activities except those noted in their form.

\_\_\_\_ I give permission for Great Hollow Nature Preserve & Ecological Research Center staff to give medical care if warranted. I understand that medical actions may include but are not limited to: First Aid/CPR administration by a trained staff member; the dispensing of prescribed medication(s) for allergic reactions to be self-administered by my child as indicated on his/her Medical Administration and Individual Plan of Care forms; and the obtainment of emergency medical treatment for my child as needed.

\_\_\_\_ I understand that in the event of an emergency Preserve staff will make every effort to contact me or my listed Emergency Contact. If I cannot be reached, I give permission for the Preserve, if warranted, to have my child (accompanied by a Preserve staff member) transported by ambulance to the nearest hospital emergency room for treatment. I also give consent for emergency medical personnel to hospitalize, order injections, give anesthesia, or perform emergency surgery for my child if necessary. I understand that any cost incurred for transportation and medical treatment is my responsibility.

\_\_\_\_ I give permission for my child to have photographs taken of them during camp activities. I further give consent that any such photographs may be published (via any media form, including internet/website; paper and electronic advertisements; and other promotional materials) and used by the Preserve and its agents to illustrate and promote its programs. No names or identifying information will be posted or printed with the pictures. If I **do not** want my child's photo taken, I will notify the Camp Director to have my child placed on the No Photo List.

Child's Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Session Information

CIT's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### 2024 Camp Sessions

<input type="checkbox"/> Nature Nuts   June 17-21   Ages 6-8	Water Exploration Week   July 22-26   Ages 9-12
<input type="checkbox"/> Scales, Feathers, Fins, & Fur   June 24-28   Ages 6-8	Water Exploration Week   July 29-Aug 2   Ages 7-9
<input type="checkbox"/> Buggin' Out   July 1-3   Ages 6-10	Survival Week   August 5-9   Ages 7-9
<input type="checkbox"/> STEAM Team   July 8-12   Ages 9-12	<input type="checkbox"/> Eco-Warriors   August 12-16   Ages 7-9
<input type="checkbox"/> Survival Week   July 15-19   Ages 9-12	
I understand that I may not be placed into all of the weeks I have selected. I understand it is my responsibility to arrive on time, behave in a professional manner, and follow the rules and guidelines of camp. Failure to do so may result in a loss of volunteer-hours credit and a ban from future participation at camp.	
CIT Signature: _____	Date: _____

**Placement Requests** We understand that sometimes CITs would like to be paired with their friends or siblings who may be attending. We also understand that sometimes CITs would like to avoid being paired with their siblings. If your CIT has any special placement requests please use the space below to make one.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CIT Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe special health care need or disability: \_\_\_\_\_

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Outline the plan for appropriate care of the child in a medical emergency. If a written plan from the parent or medical care provider already exists, it can be attached to this form.

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Other relevant information (precautions to be taken to prevent a medical emergency, etc.).

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history or contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

## Staff responsible for child:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_