

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: _____

**HARRINGTON MEMORIAL HOSPITAL
SOUTHBRIDGE, MASSACHUSETTS**

GENERAL MEDICAL CONSENT FOR TREATMENT OF MINORS IN THE EMERGENCY ROOM

In case of accident or illness, I/we hereby authorize the physician and personnel at Harrington Memorial Hospital to examine and administer such treatment, medication and procedure(s) found to be necessary for the diagnosis and treatment of my/our son/daughter.

Name: _____ Date of Birth: _____

Exceptions: (If none, so state): _____

Date(s) this consent is in effect: _____ through: _____

The explanation of the medical problem will be made to the patient and/or the person who accompanies my/our offspring to the hospital. One or both of them shall sign the informed consent.

PARENT OR GUARDIAN MUST SIGN HERE:

Date: _____ Signed: _____
(Relationship)

Date: _____ Signed: _____
(Relationship)

Witness: _____

Patient's family physician: _____

Allergies: _____

Date of last tetanus immunization: _____

Pertinent medical conditions: _____

Medications presently being taken: _____

Medical insurance/person responsible for payment: _____

Policy #: _____

A photostat copy of this form is to be attached to each emergency record. This consent is to be kept in the permanent file if used. It is only valid for a **one month** interval.

SUGGESTED EQUIPMENT LIST FOR NATURE'S CLASSROOM

- | | |
|---|---|
| <p>___ 1 Sleeping Bag or Bedroll
(or sheets and blanket)</p> <p>___ 1 Pillow and Pillowcase</p> <p>___ 3 Pairs of Jeans or Slacks</p> <p>___ 3 Heavy Shirts</p> <p>___ 2 Light Shirts</p> <p>___ 1 Sweater or Sweatshirt</p> <p>___ 1 Pair Shorts</p> <p>___ 1 Pair of Pajamas and Robe</p> <p>___ 1 Pair of Slippers</p> <p>___ 8 Changes of Underwear</p> <p>___ 1 Warm Jacket</p> <p>___ 1 Hat</p> <p>___ 8 Pairs of Heavy Socks</p> <p>___ 1 Pair of Sneakers</p> <p>___ 1 Pair of Old Sneakers</p> <p>___ 1 Pair of Sturdy, Well-Broken-In Boots</p> <p>___ 1 Pair of <u>Waterproof Boots</u></p> <p>___ 1 RAINCOAT or PONCHO – A Must!</p> <p>___ 1 Toilet Kit – Soap, Soap Dish, Shampoo
Toothpaste, Toothbrush, Comb, Hairbrush,
Plastic Drinking Cup, Nail Clippers,
Chapstick</p> | <p>___ Towels and Washcloths</p> <p>___ Laundry Bag or Extra Pillow Case</p> <p>___ Pre-addressed, Stamped Envelopes
and Postcards, Paper and Pens, etc.
for Writing Home</p> <p>___ Notebooks and Pens</p> <p>___ Sunscreen</p> <p>___ Insect Repellent, but NO AEROSOL
SPRAYS Please</p> <p>___ Handkerchiefs or Bandannas</p> <p>___ 4-6 Small Plastic Bags to Wear Between
Shoes and Socks to Keep Feet Dry</p> <p>___ Gloves</p> <p>___ <u>Water Bottles</u></p> <p>___ Day Pack</p> <p><u>OPTIONAL:</u></p> <p>___ Camera and Film</p> <p>___ Flashlight</p> <p><u>PLEASE DO NOT SEND:</u></p> <p>___ Cell Phones, Ipods, MP3 Players, Radios,
Walkmans, Knives, Candy, Gum, or
Any Food</p> |
|---|---|

Please do NOT buy new clothes for you child to wear at Nature's Classroom. Send old clothes (for example, clothes which your child can no longer use for school) that you don't mind your child getting dirty or what-have-you during outdoor activities.

Please make sure that every personal item (shoes, clothes, cameras, etc.) is clearly labeled with your child's name.

If possible, please pack your child's clothing and equipment in a duffel bag.

Please claim lost items of monetary or personal value as soon as possible after your child's visit.