

## 2017 Camp Release Forms

Child Name (and nickname, if applies): \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Select Your Camp Session:

- |   |   |
|---|---|
| <input type="checkbox"/> <i>Sensing Nature</i> (ages 4-5): June 13-17; 9am-12pm | <input type="checkbox"/> <i>Things with Wings</i> (ages 6-7): July 10-14; 9am-3pm     |
| <input type="checkbox"/> <i>Sensing Nature</i> (ages 4-5): June 19-23; 9am-12pm | <input type="checkbox"/> <i>Things with Wings</i> (ages 6-7): July 17-21; 9am-3pm     |
| <input type="checkbox"/> <i>Sensing Nature</i> (ages 4-5): June 26-30; 9am-12pm | <input type="checkbox"/> <i>Nature Detectives</i> (ages 8-10): July 31-Aug 4: 9am-3pm |
|   | <input type="checkbox"/> <i>Art in Nature</i> (ages 8-12): Aug 7-11; 9am-12pm         |

### RELEASE & HOLD HARMLESS AGREEMENT:

As part of the consideration for my child's participation in the North Carolina Botanical Garden (NCBG) program, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program, except for damages caused by the negligence of the University, its agents and employees. I am fully aware of the risks and hazards associated with this program. I acknowledge that my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child's participation in this program.

### CONSENT FOR MEDICAL TREATMENT:

In the event of illness or injury, I hereby authorize NCBG staff with current Red Cross first aid certification to administer first aid to my child, and I hereby authorize NCBG staff, or other employees or agents of The University of North Carolina at Chapel Hill, to obtain emergency medical treatment for my child at UNC Hospitals as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University and NCBG to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that NCBG will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH + SAFETY SURVEY:**

Allergies and/or dietary restrictions, and associated reactions:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Disabilities (physical and learning):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Special needs, social challenges, fears/phobias, or other considerations:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What is the best way to help gain your child’s composure if he/she might become hurt or upset?

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED PICK-UP/DROP-OFF:**

Campers must be escorted by either a parent, legal guardian, or an authorized caretaker to the Education Center classroom each day and signed in with a staff member. A parent or guardian may authorize at least three individuals, including themselves, to pick up their camper. Authorized individuals may be required to present valid identification to pick-up any child from camp.

I authorize the following individuals to pick-up my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MULTIMEDIA IMAGE RELEASE:**

I hereby authorize the use of my child’s image by North Carolina Botanical Garden (NCBG) for educational workshops, publications, advertising, and fundraising, including on the NCBG website ([www.ncbg.unc.edu](http://www.ncbg.unc.edu)) and NCBG Facebook page: (<https://www.facebook.com/NCBotanicalGarden>). NOTE: For security reasons, names are not used with images in any of these places.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

# Medicine Administration Consent Form

**YOU DO NOT NEED TO COMPLETE THIS FORM IF YOUR CHILD WILL NOT BE TAKING MEDICATION(S) DURING CAMP HOURS.**

If your child requires/needs the administration of medication while attending Nature Explorers Summer Camp, this form will need to be completed and submitted to the North Carolina Botanical Garden (NCBG) prior to the start of the first session of the program. If your child were to require medication once the program has begun, medication can be administered after the completion and submittal of this form to the NCBG. The medications listed on this form should include any form of medication that you deem acceptable to be administered in addition to any prescription medications. **Please note that no medicine will be administered to your child that is not listed on this form and provided by you.** A new form will be required if instructions or medicines change. This information will be kept confidential. **Please place any medication in a Ziploc bag labeled with your child's name and present to camp staff on the first day of the program.**

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

Date of Birth: \_\_\_\_\_

I, the undersigned, authorize and give permission to the NCBG to administer the following medication(s) to my child for the following time frame:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year month day year

Medication	Route of administration? (Oral? Topical?)	Dosage	How many times per day?	Time(s) of administration
1.				
2.				
3.				
4.				
5.				

Do any of the aforementioned medications require refrigeration? If so, which ones?  
\_\_\_\_\_

Does your child have any difficulty taking medicines?  Yes  No If yes, please describe:  
\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_