Child Name (and nickname, if applies): ____________________________________________________________

Name(s) of Parent(s)/Legal Guardian(s): ______________________________________________________

SELECT YOUR CAMP SESSION:

- Garden Safari (ages 4-5): June 4-8; 9am-12pm
- Garden Safari (ages 4-5): June 11-15; 9am-12pm
- The Secret Lives of Bugs (ages 8-10): June 25-29; 9am-3pm
- Habitat Explorers (ages 6-7): July 9-13; 9am-3pm
- Habitat Explorers (ages 6-7): July 16-20; 9am-3pm
- Dragonfly Detectives (ages 10-12): July 30-August 3; 9am-3pm
- Art of Nature (ages 8-12): August 6-10; 9am-12pm

RELEASE & HOLD HARMLESS AGREEMENT:
As part of the consideration for my child’s participation in the North Carolina Botanical Garden (NCGB) 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 NCGB staff with current Red Cross first aid certification to administer first aid to my child, and I hereby authorize NCGB 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 NCGB 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 NCGB 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) 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: ____________________________
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: ______________________________ ___________ ___________ ___________
Child’s Date of Birth: __________ / __________ / __________ month day year

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

From: __________ / __________ / __________ To: __________ / __________ / __________
month day year

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<tr>
<th>Medication</th>
<th>Route of administration? (Oral? Topical?)</th>
<th>Dosage</th>
<th>How many times per day?</th>
<th>Time(s) of administration</th>
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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: _________________________