



2020 CAMP FLYTRAP FORMS

- ✿ In order to finalize your registration, this form must be submitted within two weeks of your initial online registration. The Garden reserves the right to cancel your registration if the form is not received within the two weeks.
- ✿ Form must be physically signed or completed with a certified electronic signature.
- ✿ Submit via email to Elisha Taylor, Youth + Family Education Manager (taylores@email.unc.edu), or deliver physically to Education Center front desk (100 Old Mason Farm Rd, Chapel Hill, NC 27517).

Camper's Full Name (and nickname, if applies): _____

Parent/Guardian Name(s): _____

SELECT YOUR CAMP SESSION:

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Garden Safari (PreK-K): June 8-12 | <input type="checkbox"/> Habitat Explorers (1 st -2 nd grade): July 13-17 |
| <input type="checkbox"/> Garden Safari (PreK-K): June 15-19 | <input type="checkbox"/> Habitat Explorers (1 st -2 nd grade): July 20-24 |
| <input type="checkbox"/> Garden Safari (PreK-K): June 22-26 | <input type="checkbox"/> Nature Detectives (3 rd -5 th grade): Aug 3-7 |
| <input type="checkbox"/> Habitat Explorers (1 st -2 nd grade): July 6-10 | <input type="checkbox"/> Nature Detectives (3 rd -5 th grade): Aug 10-14 |

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 (*please include relation to camper*):

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 (<http://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/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

RELEASE + HOLD HARMLESS AGREEMENT

As part of the consideration for my child’s participation in the North Carolina Botanical Garden (NCBG)’s Camp Flytrap 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.

ASSUMPTION OF RISK

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 the nearest medical facility 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 staff 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.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

HEALTH SURVEY

Does your camper have any allergies? If yes, please list the allergies and their associated allergens or reactions.

Are there any dietary restrictions or concerns that our staff should be aware of? If yes, please list and describe them.

Does your camper have any chronic medical conditions, emotional difficulties, fears/phobias, social challenges, or behavioral issues that you are aware of? If yes, please list and describe them.

If your camper were to become hurt or upset (e.g. bee sting), what strategies would you suggest to help to calm them and regain their composure?

Will your camper require an Epi-pen or any other medication during camp? Yes No

**If yes, you must complete the Medication Administration Consent that follows.*

MEDICINE ADMINISTRATION CONSENT

If your child requires the administration of medication while attending camp, please complete the form below. No medicine will be given 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 provide to camp staff on the first day of the program.***

Child's Full Name: _____

Child's Date of Birth: _____ / _____ / _____
month day year

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

Do any of the above medications require refrigeration? If yes, which ones?

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

I, the undersigned, authorize and give permission to NCBG staff to administer the following medication(s) to my child during their registered camp session:

Parent/Guardian Signature _____

Parent/Guardian Printed Name: _____ Date: _____

IMMUNIZATION RECORD

In accordance with The University of North Carolina at Chapel Hill's Protection of Minors policy, all children participating in NCBG "Covered Programs" (all drop-off public programs for youth under age of 18) are required to submit documentation of state required immunizations. Please note that these records will be made available to Orange County officials, upon request, in the event of an outbreak on campus or in one of UNC's programs. Orange County can then use that information to make informed decisions about what actions should be taken to contain the outbreak.

NOTE: A physician's signature is not required if you can produce an official copy of your camper's immunization record.

* DTP / DTaP / DT					
** dT / TdaP					
* Polio (IPV/OPV)					
*** Hib					
**** Hepatitis B					
* MMR (combined doses)					
***** Chicken Pox					
** Meningococcal					

*Required by NC State Law

**Required by State law if child is 12 years or older

*** Required by State law for children born on or after 10/01/88

**** Required by State law for children born on or after 07/01/94

***** Required by State law for children born on or after 04/01/01

Date of most recent PPD (Mantoux) _____

Test Results _____

(If indicated according to AAP recommendations in the Red Book)

Print -or- Stamp Physician's Name Address Phone Number

Recommended immunizations received in addition to those required above:

Pneumococcal					
HPV					
Hepatitis A					
BCG/IPPD					

My signature indicates I have reviewed this form as well as examined this patient on ____ (Date of Exam)

Signature of Physician _____