



HEALTH FORM CAMPER INFORMATION

Camper Name: _____ pronouns _____ Birth Date: _____

Grade Entering Fall 2024: _____ School: _____

Address: _____

Guardians/emergency contacts (those listed are authorized to pick up your child from camp)

Parent #1/Guardian

Parent #2/Guardian

Emergency Contact

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Additional Release/Pick-up List

My camper may also be released to the following:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:

Self-release (campers age 10 and up only): I give my camper permission to leave the Interpretive Center without a parent/guardian to find their own transportation (including being picked up outside the building by a parent/guardian, biking home, or walking home) at the completion of camp. No Yes

Health History

Does this child have any allergies to foods, insects, medicines, or plants? No Yes

If yes, please specify:

Does this child have any dietary restrictions? No Yes If yes, please specify:

Is this child currently taking any medications that we should be aware of? No Yes

If yes, please specify:

Has this child had any recent injuries, illnesses, or other restrictions we should be aware of? No Yes If yes, please specify:

Health History (cont.)

Does this child have any other health needs or diagnoses we should be aware of? No Yes

If yes, please specify:

Social, Mental, Emotional History

Explain "Yes" answers in the space below.

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have a phobia?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Ever have a need for an aide at school?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Used an individualized education plan (IEP) during the previous school year?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Ever been treated for emotional/behavioral difficulties?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Speak a primary language other than English?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Had a significant life event that continues to affect the camper's life? (Divorce, foster care, trauma etc.)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Additional Information (other behavior or physical, mental, emotional, and social health information, etc.)		

What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

By signing this health form I agree that: A) In the event of an emergency, I give permission for River Bend Nature Center to administer first aid and/or obtain emergency medical treatment for my child. I understand that, if necessary, my child will be transported by ambulance to the nearest hospital emergency room. I agree that any cost incurred for any transportation and/or treatment will be my responsibility. B) My child will not be permitted to leave with anyone except the person designated on the camp check-in sheet.

Parent/Guardian Signature: _____ **Date:** _____



RELEASE OF LIABILITY/PHOTO RELEASE

Participant's Name: _____

Emergency Contact: _____ Relationship: _____

Phone(s): _____

In consideration of being allowed to participate in any way in River Bend Nature Center activities, I, the undersigned, acknowledge and agree that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I understand that if I choose to drive my own vehicle or be a passenger in a non-RBNC vehicle while traveling to and/or from a River Bend Nature Center event or activity, River Bend Nature Center automobile liability insurance coverage will not apply; and
5. I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in River Bend Nature Center's Programs.
6. I understand, agree, and acknowledge that some programs will be traveling off-site on some occasions in a 15 passenger van.
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Board of Directors of River Bend Nature Center and its programs, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law; and

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name _____

Signature _____ Date _____

Parents of Minors: I am the parent or legal guardian of the minor and I am signing this release on behalf of the minor.

Print Child's Name _____

River Bend Nature Center **DOES NOT** have permission to use any photos taken during the program in publicity materials

Mail completed form to: River Bend Nature Center, PO Box 186, Faribault, MN 55021. Or, email completed form to camp@rbnc.org