

NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information, and please complete all the blanks.

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(# & Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone () _____ Alternate Phone () _____

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 Inc. has my permission to use my child's image, voice, and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

PART II – 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 NC 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!

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 an issue with bed wetting? _____

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 hospitalization, 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 away from home. If yes, please explain.

10. Additional information:

Nature's Classroom

MEDICATION ADMINISTRATION FORM

All medications (including prescription, non-prescription and vitamins) must arrive in their **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				
		Break-fast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): _____

Your child will not be allowed to keep any medication in his/her dorm. 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: _____ Date: _____

Relationship: _____