# River Bend Nature Center
# 2026 - Thanksgiving Break Nature Camp

*Please fill out a separate registration form for each camper.*

Child's Name _____ Age _____

Parent / Guardian Name _____ Relationship to child _____

Address _____ City/State/Zip _____

Home Phone _____ Work/Cell Phone _____

Email (required) _____

| Camp Session: 9am – 2pm | | Member | Non-Member | |
|---|---|---|---|---|
| _____ | Wednesday, November 25 | $50 | $55 | _____ |
| _____ | Friday, November 27 | $50 | $55 | _____ |

Please make checks payable to **River Bend Nature Center**
River Bend Nature Center – 3600 North Green Bay Road, Racine WI 53404
262-639-1515 • www.RiverBendRacine.org

# River Bend Nature Center

## Camper Medical Form

This form must be submitted for each child on or before his or her first camp day in order to participate. These forms only need to be submitted once per season unless any information changes. All fields must be filled in, even if just listing not-applicable. This form is required for all participants. *Without this information we will not know the severity of your child's condition or the proper treatment / actions needed.*

### General Information

Child's Name _____ Date Of Birth _____ Gender _____

Primary Address _____ City / State / Zip _____

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### Emergency Contact Information

Primary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Primary Email _____

Secondary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Primary Email _____

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### Medical History & Special Considerations

Please check any special medical conditions that your child may have.

· No specific medical condition

· Asthma -Will they bring an inhaler to camp? _____

Allergies:

· Food Allergies – please specify:_____

· Non-Food Allergies – please specify: _____

· Signs or symptoms to watch for: _____

-Will they bring an EpiPen to camp?_____

Other:

· Any disorder including cognitive, LD, ADD, ADHD, or autism: _____

-Do they have an IEP?_____

· 'Triggers' that may cause medical or behavioral effects – please specify:

_____

· Other condition(s) requiring special care – please specify: _____

· When should we notify you regarding symptoms? _____

## Additional Authorized Pick-Up

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

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## Consent and Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in the programs at River Bend Nature Center. I hereby authorize River Bend personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings. I understand that the medical fees associated with this will be charged to me.

Parent / Guardian Signature _____ Date _____

**Emergency Medical Authorization, Youth Waiver & Release of Liability**

In consideration of being allowed to participate in any way in River Bend Nature Center related events and activities, the undersigned:

1. The parent(s) acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Release, waive, discharge and covenant not to sue River Bend Nature Center, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
3. All photos taken by River Bend Nature Center can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian and the River Bend Nature Center's participating school.

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER, AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY.

Student Name: _____

Date: _____ Signed: _____

Related to Student: _____

Emergency Phone: _____

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