

**WILDWOOD**  **PARK**  
for the arts

**\*\*\*\*Important Medical Information\*\*\*\***

Child's Name \_\_\_\_\_

Child's Physician \_\_\_\_\_

Name of Clinic \_\_\_\_\_

Phone & Address of Clinic \_\_\_\_\_

\_\_\_\_\_

Hospital where you would PREFER your child be taken in case of medical emergency

\_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Does your child have an IEP or 504 Plan (circle one)?      YES      NO

If yes, please describe how we can ensure that your child has a successful and

enjoyable experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Problems (check all that apply):

Sunburn Sensitive       Temper Tantrums       Fainting Spells

Seizures       Frequent Colds       Nose Bleeds

Allergies (i.e. food, insect sting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please list any medication your child may need to take during the day along with instructions for how to administer medication as well as how often (i.e. epi pen, inhaler, etc.). Note: It is recommended that any required medications be administered by child's parents/guardians prior to arrival or following departure.

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**EMERGENCY AUTHORIZATION/MEDICAL RELEASE**

My child, \_\_\_\_\_ (name), has my permission to attend Wildwood Park's spring break camp (Wildwood's Jr. Naturalist Camp), to participate in all activities, to go on walks on Wildwood property, and participate in other activities with adequate supervision. I also grant the staff permission to apply bug repellent and/or sunscreen for these activities. If I have a preferred brand and/or application method, I agree to provide this marked clearly with my child's name to Wildwood on the first day of my child's attendance. In the event emergency medical care is warranted I hereby grant permission for the staff of Wildwood to take steps, which may include, but are not limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact other authorized persons
3. Attempt to contact the child's physician
4. If the child's physician cannot be contacted, we will do any or all of the following:
  - A. Call 911
  - B. Medical Personnel will determine whether child needs immediate care.

Any expenses incurred will be borne by my family. Wildwood Park will not be responsible for anything that may happen as a result of false information given at the time of registration.

I, \_\_\_\_\_ (parent or guardian), give my permission and authorization for the staff of Wildwood or duly appointed representative for my child, \_\_\_\_\_ (name), to receive medical attention from a duly licensed or recognized physician or surgeon in case of emergency or illness during program hours when the parents cannot be reached. I understand that every attempt will be made to contact me first in such a case, and if I can't be reached immediately, another person on the form will be contacted.

I understand that my child is not allowed to have any drugs, medication or delivery methods onsite. Any medications required by my child, including aspirin, ibuprofen, acetaminophen required during summer programming hours must be delivered with written instructions, dosage levels and schedules, to Angela Collier. I understand that it is recommended that any required medications be administered prior to arrival or following departure.

I RELEASE Wildwood, their employees, and any affiliates, of any responsibility or liability in case of accident, illness or injury.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PHOTOGRAPHY/VIDEO WAIVER

Wildwood Park for the Arts includes photos and/or videos of students, teachers, and park activities on its website, email blasts, and promotional material. It is our policy that the full names of students will not be used. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or telephone numbers will ever be used.

Choose one:

\_\_\_\_ We/I hereby give permission for Wildwood Park to use photos along with first name on electronic forms of communication and promotional material.

\_\_\_\_ We/I hereby give permission for Wildwood Park to use photos **only without first name** on electronic forms of communication and promotional material.

Student's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## BEHAVIOR & CODE OF CONDUCT

The following rules will apply to all students attending Wildwood's Jr. Naturalist Camp:

- Students will show respect and courtesy to other people at all times.
- Students will show respect for property inside and outside the building.
- Students will behave in a manner that does not endanger themselves or others.

I understand that if I do not obey the rules that are set up for my benefit and safety, I risk being withdrawn from the programming.

Student's Signature: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dress Code: Please wear comfortable clothing you will be able to move in. Tennis shoes are required for nature walks. Layers are recommended for colder mornings and warm afternoons. Students should bring water bottles, sunscreen, and sunglasses each day. Snacks and water bottle refills will be provided throughout the day, but please be sure to pack a lunch for your child.**