

Harris Nature Center
3998 Van Atta Rd, Okemos MI 48864

**Participant Information, Emergency
Treatment and Liability Waiver**

Office Use Only Session(s): _____ _____ _____
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Name of Child (last, first, middle)			Home Phone	
Address (number and street)			Age	Grade Completed
City	State	Zip	Sex/Gender	Date of Birth
Allergies, Medication, Etc.				
Parent/Guardian's Name			Best Phone	
Work Site and Address when Child is in Camp				
Parent/Guardian's Name			Best Phone	
Work Site and Address when Child is in Camp				
Local Person Other Than Parent/Guardian to Contact in Emergency				
Name			Phone	
Address (street and city)				
Names of Persons Other Than Parent/Guardian To Whom The Child May Be Released				
1			2	

Health History

Please list any medical conditions that the camper has of which the camp personnel should be aware of:(ie. fainting spells, insect or medicinal allergies, etc.)

Please list any behavioral or emotional conditions that the camper has of which the camp personnel should be aware of:

Should the camper's activity be restricted for any reason? NO YES (Please explain below)

Immunizations up-to-date? Please circle one: YES NO

Please list any medications that the camper takes:

Name of Medicine	Frequency	Dosage	Administer at Camp?
			YES or NO
			YES or NO
			YES or NO

I certify that this information is true to the best of my knowledge.

Parent/Guardian's Signature: _____

Date: _____

Please turn this page over

Harris Nature Center

**Participant Information, Emergency and Health Care Treatment
and Liability Waiver**

In registering _____ for this activity, I as parent/legal guardian, hereby give permission to the Harris Nature Center to obtain emergency medical and/or hospital treatment for the above-named minor child and to provide routine, non-surgical medical care to him/her, while he/she is attending the Harris Nature Center Day Camp. I release the Township of Meridian it's agents, officers, employees and representatives from any and all claims, demands, actions or rights of action regardless of kind or character, arising from, or in any connected with, the above-named minor child's participation in the Harris Nature Center Day Camp. I also agree to indemnify the Township, it's agents, officers, employees and representatives for any loss, liability, damage, expense or cost they may incur in connection with said minor child's participation in the Harris Nature Center Day Camp.

Parent/Guardian

I also, as parent/guardian, authorize that my child may be photographed/video taped and waive all claims by myself or my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs and newspaper use.

Parent/Guardian

For Staff Use Only			
Please check:			
<input type="checkbox"/> Parents were asked additional Health Screening questions.			
<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed
<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed