

## Rum Village Nature Center Nature Detectives Day Camp Health Information & Medical Release Form

Please complete this form as accurately as possible. The information provided will help in the day to day camp activities as well as in the event of an accident, injury, or sudden illness. We respect your child's privacy and will only share this information with Day Camp staff and necessary emergency or medical personnel.

**Receiving these forms prior to camp is mandatory! Your child may not participate in camp prior to the submission of this form.** If your child has any severe allergies or other medical needs that may need advance planning by our staff, please have your medical form to us at least one week prior to the start of camp or contact the Nature Center with any questions or concern.

**Where to send the completed forms:**

Mail or drop off to:  
Rum Village Nature Center  
2626 S. Gertrude Street  
South Bend, IN 46614

Email:  
[hteshka@southbendin.gov](mailto:hteshka@southbendin.gov)  
Please list your camper's name and the camp they are enrolled in in the email.

<b>Camper's Name</b>	<b>Phone Number</b>	
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Birth Date</b>	<b>Age</b>	<b>Grade</b>

Does the camper have any physical limitations or special needs that might affect his/her ability to fully participate in the program for which you have registered? **Yes No** If yes, please explain:

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Allergies	
	Please list known allergies here:
<b>Food</b>	
<b>Medications</b>	
<b>Plants</b>	
<b>Animals/Insects</b>	
<b>None Known</b>	

Will your child be carrying an Epi Pen? **Yes No** If yes, why? \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_



**Other Information**

List any medical conditions or disorders.

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Please provide any other information which you believe will be helpful for the staff in understanding and caring for your child.

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Will medication need to be given during day camp hours? **Yes** **No**

If yes, please fill out the Authorization to Administer Medication form.

If no, please sign below.

***My child does not require medication to be given at camp.***

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Parent/Guardian Signature

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Date

**I give permission for Insect Repellant to be applied to my child.** (Initial here) \_\_\_\_\_

**Medical Release**

My child is sufficiently fit to participate in Nature Detectives Day Camp held at Rum Village Nature Center. I have completed this form with health disclosure information that is accurate, complete, and true to the best of my knowledge. I agree to notify the Camp Director or Camp Assistant of any changes to my child's health that may occur before or during the camp session. Should my child become ill or injured, I give permission for Rum Village Nature Center staff to render first aid and to seek emergency medical or rescue services, as they see fit, at my cost. I also give permission for my child to receive emergency medical attention from licensed medical personnel in the event of illness or injury.

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Parent/Guardian Signature

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Date

**Emergency Contact Information**

<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Cell</b>
<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Cell</b>
<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Cell</b>

**I give permission to the following individuals to pick up my child from camp:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Please note these individuals may be required to show ID to the camp staff.*

**Release and Waiver of Claim**

I, the undersigned, do hereby and for my heirs, executors, administrators, successors and assigns release, acquit and forever discharge the City of South Bend Venues, Parks & Arts Department and their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships of any and all claims, actions, causes of action, demands, rights, damages, costs, losses of service, expenses and compensation whatsoever, which the undersigned now has or which may hereafter arise from any and all damage, resultant from any accident, casualty or event which may occur during such time or times that I, my child or ward (circle one),

X \_\_\_\_\_, DOB \_\_\_\_\_, may participate in the class or classes listed above sponsored by the City of South Bend Venues, Parks & Arts Department and operated by its employees or agents; or during such time or times that I may be in the company of any such employees' agents, carrying out their duties in the course of their official duties.

The undersigned enters into this agreement knowing that he waives any recourse or cause of action against the City of South Bend Venues, Parks, & Arts Department, their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnerships that he might have resulting from any bodily or personal injuries and property damage, and any consequences resulting from any incident which might occur, or be caused by the negligence or gross negligence of the City of South Bend Venues, Parks & Arts Department and their agents.

The undersigned has read the foregoing Release and Waiver of Claim and fully understand(s) it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Photo Permission Release Clause**

I hereby grant permission to the City of South Bend, a municipal corporation, its directors, officers, employees, and agents and others working under its authority, full and free use of my (or my child's) name and likeness and any and all photographic images and video or audio recordings containing my (or my child's) image/likeness. I understand these images may be used for the City's promotional purposes, news, research and/or educational purposes for an indeterminate length of time;

I hereby release, discharge, and hold harmless the City of South Bend and its agents from any claims, demands, or causes of action with respect to any liability for the use of my (or my child's) name, likeness, or image.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Group Photo Permission Only**

*(Do not sign here if you signed the Photo Permission above.)*

Please use my child's photo for the session certificate only. I do not authorize any other publication of my child's photo.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date