

Nature Nuts

HEALTH & SAFETY FORM

Thank you for registering for Nature Nuts! Whether you're joining us after school to discover the rich ecosystems of Bainbridge Island and the surrounding areas, or for a week of fun-filled exploration with our camps, we welcome you to our community!

Health and safety is something we take seriously at Peacock Family Services. Attached you'll find our required paperwork to complete enrollment for our Nature Nuts programs; please submit these documents as quickly as possible for processing. If you have any questions, comments, or concerns, get in touch with our program manager.

Annika Truebenbach

Program Manager, Nature Nuts

E | naturenutsbainbridge@gmail.com

T | 206.785.1505

Submittal Instructions

- Complete all 10 pages of this form online or by hand
- Sign in the four required places on pages 4, 5, 8, 9
- Return the completed and signed packet to Peacock Family Services

**Due by
June 22, 2018**

(Or upon registration,
if registering after
June 22)

**Return the completed, signed
packet by mail or in person to:**

Peacock Family Services
305 N. Madison Avenue, Suite C
Bainbridge Island, WA 98110
T | 206.785.1505

Scan & E-mail to:
naturenutsbainbridge@gmail.com

OR

Basic Participant Information

Participant Name: _____

Program(s) & Date(s): _____

Gender: _____ Birth Date: _____ Grade & School Entering in Fall 2017: _____

Group Requests (Optional, Limit to 4 Friends): _____

Participant Name: _____

This form is to be completed by parents and/or guardians of minors. Information is gathered to assist us in identifying appropriate care for your participant.

Parent / Guardian Information (with whom the camper lives):

Parent/Guardian 1: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell/Pager: (____) _____

Mailing Address: _____

Parent/Guardian 2 (Optional): _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell/Pager: (____) _____

Will you be reachable at the above numbers while your child is at Nature Nuts? Yes No

If no, please provide an alternate way of reaching you: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell/Pager: (____) _____

Insurance Information (It is highly recommended to provide a copy of your insurance card):

It is the responsibility of each participant's parent or legal guardian to provide the participant's accident and health coverage while participating in Nature Nuts activities.

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate carrier/plan name (please print clearly): _____

Carrier Address: _____

Name of Insured: _____ Relationship to Participant: _____

Insurance ID Number: _____ Group Number: _____

Name of Family Physician: _____ Phone: (____) _____

Name of Family Dentist: _____ Phone: (____) _____

Allergies & Dietary Restrictions:

Please list any allergies to Medications, Food, and Others – include insect stings, hay fever, asthma, animal dander, etc.

Describe reaction and management of reaction: _____

Dietary Restrictions?

Glucose Intolerant* Lactose Intolerant* Gluten Intolerant* Vegan* Vegetarian Pork-free

*Camp does not provide a substitute diet for these restrictions, but offers a vegetarian option for every snack. If you wish to provide a supplemental diet for your vegan, lactose, gluten, or glucose intolerant camper, please contact the program manager.

Participant Name: _____

Immunization Dates:

Accurate immunization dates are required. To obtain a copy of your immunization records, contact your health care provider.

Please list only the most current immunization dates.

My child has had the following illnesses:

Please check the box **ONLY** if your child has suffered from an illness listed below.

- Measles
- Chicken Pox
- German Measles
- Varicella Zaster (Shingles)
- Mumps
- Hepatitis

Vaccinations	Date	Vaccinations	Date
Meningococcal Vaccine		DTaP	
HPV		Tdap	
Polio (IPV/OPV)		Td	
MMR		DT	
Influenza		DTP	
Varicella (Chicken Pox)			
Hep A			
Hep B			

Participant has a medical or religious exemption from immunizations.

Counseling:

Has the participant been in counseling with a psychiatrist, therapist, or other counselor within the past two years?

YES NO Is the participant currently in counseling? YES NO

Reason for counseling: Academic Family issues Depression Anxiety ADHD

Other: _____

Name of Counselor: _____ Phone: (____) _____

Additional Considerations:

Depending on your child's needs, additional information or meeting with the program manager may be required prior to your child's attendance to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations, or supervision needs may jeopardize the placement of or continued participation by your child in the program. Please attach additional pages if necessary. **Please write "none" if there are none.**

How does your child deal with stress? What do they need? _____

Tell us about their emotional strengths & challenges. _____

Are there special family or personal considerations which may affect their experience? _____

Has your child been dealing with any medical or emotional issues during the past year? _____

Explain any restrictions to physical activity? (ex: what cannot be done, what adaptations or limitations to activities are necessary) _____

Participant Name: _____

Health History: Information provided is confidential and gathered only for medical purposes.

Has/Does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness, infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	13. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had a surgery?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (ex. itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of question.

Behavioral History: Information provided is confidential and gathered only for program purposes.

The participant is currently dealing/has dealt with the following:	YES	NO		YES	NO
1. Obsessive/compulsive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	8. Depression?	<input type="checkbox"/>	<input type="checkbox"/>
2. Reactive attachments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Severe <input type="checkbox"/> Moderate		
3. Anxiety disorders?	<input type="checkbox"/>	<input type="checkbox"/>	9. Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
4. Running away?	<input type="checkbox"/>	<input type="checkbox"/>	10. Eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>
5. Aggression towards self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Overeating		
6. ADHD?	<input type="checkbox"/>	<input type="checkbox"/>	11. Abuse issues?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe <input type="checkbox"/> Moderate			<input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual		

Please explain any "yes" answers, noting the number of the question.

Parent and/or Legal Guardian Authorization: This health history is correct so far as I know, and my child has permission to engage in all prescribed after school and/or camp activities as noted by me and/or the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the executive director of Peacock Family Services to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of Nature Nuts.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Participant Name: _____

This form is to be completed by parents and/or guardians of minors and information is gathered to assist us in identifying appropriate care for your participant. It is essential that precautions are taken regarding the administration of medications to youth. Medications include over-the-counter drugs, prescription medications, and topical ointments. Nature Nuts administers medications using these guidelines:

- Medications can only be administered to your camper as authorized by this Medication Authorization Form.
- Medications are administered by staff only as directed by the medication label or as authorized by a physician.
- Medications administered by staff outside of medication label directions require written consent from a health care provider with prescriptive authority **and** a parent or legal guardian.
- Over-the-counter medications require written consent from a health care provider with prescriptive authority if they are not included in the list below. The following medications can be administered with the written consent of a parent or legal guardian:
 - Antihistamines, Decongestants, Diaper Ointments, Lotions for Dry or Itchy Skin, Non-Aspirin Fever Reducers/Pain Relievers, Non-Narcotic Cough Suppressants, Non-Talc Powders, & Sunscreen.
- Vitamins, herbal supplements, and fluoride require written consent from a parent or legal guardian.

Important Instructions

Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dispensation. Prescription medications must be in the participant’s name. No loose pills/vitamins in zip-lock bags allowed. Do not pack medications in backpacks or lunch boxes. Bring medications with you to the check-in table when you arrive. **Attach additional paperwork for additional medication(s).**

Authorization to Administer Over-the-Counter Medications

Check the box next to medications you authorize the Nature Nuts health care staff to administer to your child.

Can Give	Symptom(s)	Medication
	Rash, Abrasions, Dry or Itchy Skin	Topical Ointment
	Cough	Cough Medicine
	Cough	Cough Drop
	Headache, Toothache, Fever	Tylenol or Similar Brand (Acetaminophen)
	Muscle Cramps, Headache, Fever	Ibuprofen
	Skin Protection	Sunblock
	Allergies or Hayfever	Benadryl or Similar Brand (Antihistamine)
	Allergies or Hayfever	Claritin or Similar Brand (Loratadine)
	Nasal or Sinus Congestion	Sudafed or Similar Brand (Pseudoephedrine)
	Diarrhea, Nausea, Upset Stomach	Pepto-Bismol or Similar Brand (Bismuth Subsalicylate)

Please explain any special instructions or considerations, indicating the medication(s).

Parent and/or Legal Guardian Authorization: In consideration for my child being administered the medications listed above, I voluntarily accept the risks involved and agree to abide by the program policies. I hereby authorize Nature Nuts staff to administer the above medications to my child if the Nature Nuts staff deems it necessary. I understand that dosages will be administered according to the directions on the bottle unless a health care provider with prescriptive authority directs otherwise.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

Participant Name: _____

Authorization to Administer Prescription Medications

This page is to be completed by the **parent and/or legal guardian if youth regularly takes medication(s)**.

YES, this participant takes medication on a regular/routine basis.

Please list all medications taken and specify if it is for a life-threatening condition. Please print clearly.

(**B = Breakfast, L = Lunch, D = Dinner, PRN = As Needed**)

Med 1: _____ Dosage: _____ Specific Times Taken: **B L D PRN**

Reason for Taking: _____

Med 2: _____ Dosage: _____ Specific Times Taken: **B L D PRN**

Reason for Taking: _____

Med 3: _____ Dosage: _____ Specific Times Taken: **B L D PRN**

Reason for Taking: _____

- a. Are there any side effects from these medications? _____
- b. Does the participant know the scheduled time for taking medication? Yes No
- c. Does the participant willingly take their medication? Yes No If no, what do you suggest? _____
- d. Has the participant ever refused to take medications? Yes No If yes, what were the effects of this? _____
- e. Please identify any medications taken during the school year that the participant does/may not take during the summer: _____

Medical Devices

- Yes, this participant requires an **inhaler, nebulizer, or other medical device(s)** and will bring it/them to programs. (Please remember that programs are outdoor experiences. Pack medical equipment accordingly.)
 - Will check it/them in with other medications.
 - Must carry it/them with them at all times.
- Yes, this participant carries an **epi-pen**. Condition for which prescribed/taken: _____
 - Will check it/them in with other medications.
 - Must carry it/them with them at all times.

I request and authorize the Nature Nuts staff to administer the identified medications to the above participant in accordance with the Health Care Provider's prescribed instructions, not to exceed the prescribed dates. I give my permission for exchange of information between the Nature Nuts staff and the Licensed Health Care Provider. I understand that the medication is to be furnished by me in the original container. For self-administration of inhaler or epi-pen, I authorize my child to carry and self-administer medication as specified. I shall hold harmless and indemnify Peacock Family Services' directors, officers, employees, agents, and volunteers (collectively "Peacock Family Services Releases") against all claims, judgments, or liabilities arising out of the administration or self-administration of medication as described.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

Participant Name: _____

The following section is to be completed by the **health care provider with prescriptive authority** and is gathered to assist us in identifying appropriate care for the above named participant.

Name of Medication 1: _____ **Diagnosis for which medication is given:** _____

Dosage, Time, & Method of Administration: _____

If medication is to be given AS NEEDED (PRN), describe indications for administration: _____

If medication is prescribed for a limited length of time, please write duration: _____

Significant Side Effects: _____

Other Information: _____

Name of Medication 2: _____ **Diagnosis for which medication is given:** _____

Dosage, Time, & Method of Administration: _____

If medication is to be given AS NEEDED (PRN), describe indications for administration: _____

If medication is prescribed for a limited length of time, please write duration: _____

Significant Side Effects: _____

Other Information: _____

Name of Medication 3: _____ **Diagnosis for which medication is given:** _____

Dosage, Time, & Method of Administration: _____

If medication is to be given AS NEEDED (PRN), describe indications for administration: _____

If medication is prescribed for a limited length of time, please write duration: _____

Significant Side Effects: _____

Other Information: _____

Medical Devices:

YES NO

For Inhalers: Participant is capable of carrying and self-administration.

For Nebulizers: Participant is capable of carrying and self-administration.

For Other Medical Devices: Participant is capable of carrying and self-administration.

For EpiPen: Participant is capable of carrying and self-administration.

**Checking yes indicates that the participant has been instructed in the purpose and appropriate method/frequency of use.*

I request and authorize that the above named participant be administered the above identified medications in accordance with the instructions indicated. Medication orders are good for the current year, unless a shorter period is specified. There exists a valid health reason which makes administration of the medications advisable during Nature Nuts program hours or during such time that the student is under the supervision of Nature Nuts staff.

Health Care Provider's Printed Name

Date

Health Care Provider's Signature

Date

Phone Number: () _____ Fax Number: () _____

Participant Name: _____

Please read this Acknowledgement of Risks and sign below. If you have any questions or would like any portions explained to you in greater detail, please contact Peacock Family Services at (206) 780-1505. Nature Nuts takes pride in our efforts to provide safe and supervised programs, but they are not without risk by nature. The elements that make our programs a unique experience, such as being out-of-doors, near and around water, travelling by ferry and van, can cause loss or damage to equipment, injury, and illness. We do not want to diminish your enthusiasm for the experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in our programs. The following describes some, but not all, risks.

- Accidents or mishaps while travelling to or from our programmed activities in vans and on Washington State Ferries.
- Slips and falls during activities may take place during tag games, running games, Frisbee throwing, sports, hiking, and running on slopes and paths with bumps, sharp sticks, and exposed roots.
- Participants may be out-of-doors for prolonged periods of time in conditions such as sun, wind, and prolonged periods of rain. While out of doors participants may also be exposed to a variety of natural life including, but not limited to, marine life such as crabs, sea urchins, and jelly fish; natural life including, but not limited to, plant life such as stinging nettles; flying insects, such as yellow jackets, wasps, and mosquitoes; and other animals such as snakes, raccoons, deer, and farm animals.
- Water activities are an integral part of the camp experience, and include wading and swimming in a pool, in a lake, in a pond, and in the Puget Sound. Boating activities include kayaking, canoeing, row boating, sailing, or travelling by powerboat.

I acknowledge that Peacock Family Services or its representatives are not responsible in any way for personal clothing, items, or equipment that may be lost, stolen, or damaged as a result of participation in program activities.

We, the parents/guardians, understand that it is the responsibility of each person to participate in the whole program, including activities of work, play, values, sharing, and eating together. We understand and support policies prohibiting participants from possessing or using tobacco products, alcoholic beverages, non-prescription drugs, fireworks, knives and weapons of any kind. We recognize that participants must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal from our programs without refund of program fees. We acknowledge that we will be responsible for pick-up and transportation of our participant if dismissed from programs early.

PLEASE SIGN HERE 

In consideration for my child being permitted to participate in program activities, I have read or have had read to me the risks of activities at Peacock Family Services' Nature Nuts programs. I voluntarily accept the risks involved and agree to abide by the program policies.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature (Optional)

Date

Participant Name: _____

I have read the Acknowledgement of Risks statement and I have reviewed the Nature Nuts Policies with my child. I am aware that my child will have the opportunity to participate in, and I approve of their participation in, program activities involving a degree of risk.

I understand it is my responsibility to provide for my child's accident and health coverage while participating in any Nature Nuts activity.

I give permission for Peacock Family Services to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret Peacock Family Services programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I understand that Peacock Family Services' Nature Nuts staff will encourage my child to set their own touching and personal space limits. I understand that staff in Nature Nuts programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that my child will not be released from the program site unless the name on a picture ID matches the name of an authorized person on the Transportation Form. I understand that authorization for persons not listed on the Transportation Form must be received by Nature Nuts in writing or by phone prior to pick up.

PLEASE SIGN HERE

In consideration for my child being permitted to participate in Nature Nuts activities, I hereby agree to release Peacock Family Services, its directors, officers, employees, agents, and volunteers (collectively "Peacock Family Services") from all liability to me or my child for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the Peacock Family Services or any other person, and while I or my child are participating in Nature Nuts activities. I agree not to sue the Peacock Family Services for any loss, liability, damage, injury, or death described above, and I agree to indemnify and hold Peacock Family Services harmless from any loss, damage, or cost they may incur due to my or my child's participation in program activities.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue in full force and effect.

I have read or have had read to me, and I understand and agree to the above statements. I understand that this form may not be altered and that my child may not attend Nature Nuts without this form signed. I acknowledge that I have signed this of my own free will and that my or my child's participation in program activities is purely voluntary.

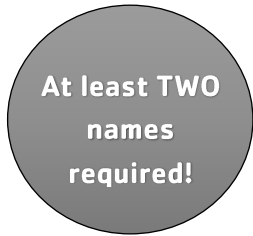
Parent/Guardian Printed Name **Date**

Parent/Guardian Signature **Date**

Participant Name: _____

Authorized Pick-Up Procedures

I give permission for Peacock Family Services to release my child to any of the people listed below. I also understand that I, or the authorized person, must present a photo ID to a Peacock Family Services staff member in order to release my child to myself or the authorized person.



1. Parent/Guardian _____
2. Parent/Guardian _____
3. Pick-Up Person 3 _____
4. Pick-Up Person 4 _____
5. Pick-Up Person 5 _____
6. Pick-Up Person 6 _____

Drop-Off/Pick-Up at Eagle Harbor Congregational Church: *105 W. Winslow Way, Bainbridge Island, WA 98110*

Unless told otherwise by a Nature Nuts staff member, regular participant drop-off times are between **9am-9:30am** and regular pick-up times are between **4pm-4:30pm** at the Eagle Harbor Congregational Church. Extended hours operate from **8:30am-6pm**. If an early pick-up is necessary for your child, please inform the program manager at least 24 hours in advance to arrange for an early release.

Directions

Leaving Ordway Elementary School *(1.1 miles, approximately 4 minutes)*

Take a right onto Madison Avenue North and continue for 1 mile, straight through the traffic circle. Continue through the Winslow Way West intersection and the church parking lot entrance will be 98 feet away on the right.

Leaving Blakely Elementary School *(2.7 miles, approximately 6 minutes)*

Turn right onto Blakely Avenue NE and continue onto Bucklin Hill Road NE, and then onto Wyatt Way NW (2.3 miles). Turn right onto Grow Avenue NW (0.2 miles). Turn left onto Winslow Way West, then turn right onto Madison Avenue. The church parking lot will be 98 feet away on the right.

Leaving Wilkes Elementary School *(3.8 miles, approximately 10 minutes)*

Take a right onto N Madison Avenue NE and continue for approximately 1.8 miles. Turn left onto Washington-305 South (0.7 miles). Then turn right onto Madison Avenue N and continue for 1.4 miles, straight through the traffic circle. Continue through the Winslow Way West intersection and the church parking lot entrance will be 98 feet away on the right.