Nature Nuts

HEALTH & SAFETY FORM

Thank you for registering for Nature Nuts! Whether you're joining us after school to discover the rich eco-systems 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 Feb. 14, 2018
(Or upon registration, if registering after February 14)

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

OR

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

Basic Participant Information

Participant Name: ____________________

Program(s) & Date(s): ____________________

Gender: __________ Birth Date: __________ Grade: __________ School: __________

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

____

Peacock Family Services
Nature Nuts
2018 Insurance & Allergy Information

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.

Peacock Family Services
Nature Nuts
2018 Health History (1/2)

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) ____________________

____

Peacock Family Services
Nature Nuts
2018 Health History (2/2)

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?	☐	☐	13. Ever had seizures?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐	14. Ever had high blood pressure?	☐	☐
3. Ever been hospitalized?	☐	☐	15. Ever been diagnosed with a heart murmur?	☐	☐
4. Ever had a surgery?	☐	☐	16. Ever had back problems?	☐	☐
5. Have frequent headaches?	☐	☐	17. Ever had problems with joints (knees, ankles)?	☐	☐
6. Ever had a head injury?	☐	☐	18. Have an orthodontic appliance?	☐	☐
7. Ever been knocked unconscious?	☐	☐	19. Have any skin problems (ex. itching, rash)?	☐	☐
8. Wear glasses, contacts, or protective eye wear?	☐	☐	20. Have diabetes?	☐	☐
9. Ever had frequent ear infections?	☐	☐	21. Have asthma?	☐	☐
10. Ever passed out during or after exercise?	☐	☐	22. Had mononucleosis in the past 12 months?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐	23. Had problems with diarrhea or constipation?	☐	☐
12. Ever had chest pain during or after exercise?	☐	☐	24. Have a history of nosebleeds?	☐	☐

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?	☐	☐	8. Depression?	☐	☐
2. Reactive attachments?	☐	☐	☐ Severe ☐ Moderate		
3. Anxiety disorders?	☐	☐	9. Bipolar Disorder?	☐	☐
4. Running away?	☐	☐	10. Eating disorders?	☐	☐
5. Aggression towards self?	☐	☐	☐ Anorexia ☐ Bulimia ☐ Overeating		
6. ADHD?	☐	☐	11. Abuse issues?	☐	☐
☐ Severe ☐ Moderate			☐ Physical ☐ Emotional ☐ 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:** ______________

Peacock Family Services
Nature Nuts
2018 Medication Authorization Form (1/3)

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**

Peacock Family Services
Nature Nuts
2018 Medication Authorization Form (2/3)

Participant Name: ______________________________

Authorization to Administer Prescription Medications

This page is to be completed by the **parent and/or legal guardian**.

☐ **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**

Peacock Family Services
Nature Nuts
2018 Medication Authorization Form (3/3)

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: (____)____________

Peacock Family Services
Nature Nuts
2018 Acknowledgement of Risks & Policies

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**

Peacock Family Services
Nature Nuts
2018 Waiver & Release of Liability

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**

Peacock Family Services
Nature Nuts
2018 Transportation Form

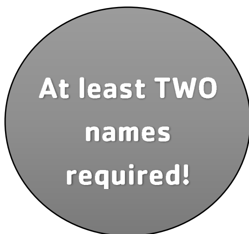
Participant Name: ______________________________

Seat Belt Requirements

State law requires youth ages eight or younger, or who are 4'8" or shorter, to use a booster seat. **Is your child required by law to use a booster seat?** ☐ Yes ☐ No **How much does your child weigh?** ______________ lbs

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 the Bainbridge Historical Museum: *215 Ericksen Avenue NE, Bainbridge Island, WA 98110*

Unless told otherwise by a Nature Nuts staff member, regular participant drop-off times are between **8:30am-9am** and regular pick-up times are between **3pm-3:30pm** at the Eagle Harbor Congregational Church. Extended hours operate from **8 am-4pm**. 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 *(1.2 miles, approximately 4 minutes)*

Take a right onto Madison Avenue North and continue for 0.7 miles, straight through the traffic circle. Turn left onto Wyatt Way NE, then turn right onto Ericksen Avenue NE. The museum will be on the right, with parking in the back.

Leaving Blakely Elementary School *(2.9 miles, approximately 7 minutes)*

Turn right onto Blakely Avenue NE and continue onto Bucklin Hill Road NE, and then onto Wyatt Way NW (2.7 miles). Turn right onto Ericksen Avenue NE. The museum will be on the right, with parking in the back.

Leaving Wilkes Elementary School *(4.1 miles, approximately 9 minutes)*

Take a right onto N Madison Avenue NE and continue for approximately 1.8 miles. Turn left onto Washington-305 South (2.1 miles). Then turn right onto Winslow Way E and continue for 0.1 miles, then turn right onto Ericksen Avenue NE. The museum will be on the left, with parking in the back.