

Flying Deer Nature Center
5 Abode Road
New Lebanon, NY 12125
518-794-6687

Health & Emergency Data

Please complete both sides of this form and return with your registration form.

Child's Name _____ Birth date _____

Parent/Guardian Name(s) _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Other Phones _____

2 LOCAL Emergency Contact Numbers

Name _____ Phone _____

Name _____ Phone _____

Health Records: Are there any medical conditions we need to know about for your child's safety and well-being here at camp? Yes ___ No ___

If yes, please explain _____

Allergies _____

Medications Required Daily _____

Child's Doctor _____ Phone _____

Family Health Insurance name _____

Hospital Preference in emergency _____

I give permission to Devin Franklin, Michelle Apland and other camp staff to provide first aid in any circumstances requiring it and release these individuals from any liability arising from such administration.

Parent/guardian signature _____ Date _____

VACCINATION RECORD

In case of outbreaks, the Health Department would like us to know if your children have the following vaccines and when they had them. You do not need doctor's certification.

Thank you for carefully reading the following instructions (see reverse side):

~ Next to every vaccination your child **has** received, *please write the date.*

~ If your child has NOT received some or any vaccinations, that is fine, but PLEASE:

1. Mark "R/M" next to any and all vaccinations he or she has not received, AND;
2. Write a note below: "Have not immunized my children for religious or medical reasons".

Diphtheria containing toxoid _____
Poliovirus vaccine _____
Hepatitis B _____
Hepatitis B vaccine _____
Measels vaccine (1st administered after 12 mo. of age and 2nd after 15 mo. of age) _____
Mumps vaccine administered after 12 months of age _____
Rubella vaccine administered after 12 months of age _____
Varicella vaccine (for children born on or after January 1, 1998) _____
Haemophilus influenza type B _____

INFORMED CONSENT & RELEASE / INDEMNITY / HOLD HARMLESS AGREEMENT

I understand that participation in Flying Deer Nature Center Programs during summer 2010 and the 2010-2011 school year involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that Flying Deer Nature Center Programs are programs in which participation is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of myself and my son and/or my son or daughter, I have given _____ my consent to participate in Flying Deer Nature Center Programs.

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against The Sufi Order International (SOI), The Abode of the Message, Inc. (The Abode), and Flying Deer Nature Center (FDNC) and their employees, agents, representatives, or volunteers arising from my child's participation in Flying Deer Nature Center Programs.

I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS SOI, THE ABODE, PROJECT NATIVE, OR FDNC AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY AND/OR MY CHILDS PARTICIPATION IN FLYING DEER NATURE CENTER PROGRAMS. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE SOI, The Abode, OR FDNC's OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSE OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEY FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature _____

Telephone Number _____

Date _____