



Camp Emergency Contact Form

Child's Name: _____ Date of Birth: ____/____/____
(Last) (First) (M.I.) (mo.) (day) (yr.)

Grade: _____ Gender: ___ Male ___ Female ___ Other Age: _____

The following information is collected only for grant funding purposes:

Child's Race/Ethnicity: ___ Prefer not to answer
___ Hispanic or Latino ___ White ___ Black or African American ___ Asian
___ Native Hawaiian or Pacific Islander ___ Native American or Alaska Native ___ Two or more races

Child's Street Address: _____
(City) (State) (Zip)

Mother/Guardian: _____ Father/Guardian: _____

Mailing Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone(s): _____ (h) Phone(s): _____ (h)
_____ (w) _____ (c) _____ (w) _____ (c)

Place of Work: _____ Place of Work: _____

Email address: _____ Email address: _____

Medical/Developmental History

Allergies ___ YES ___ NO

If yes, what are they:

Additional Medical, developmental challenges or special needs ___ YES ___ NO

If yes, please describe below:

Emergency Information (Please print legibly!)

Hospital preference in the event of an emergency:

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

In the event of an emergency, if parents/guardians cannot be reached, the people listed below may be contacted.
At least two people must be listed here:

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

In addition to the parents/guardians listed above, the following people are authorized to pick up the child:

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Name/Relationship: _____ / _____ Phone: _____ (h) _____ (w/c)

Authorization for Emergency Medical Care

I hereby give permission to the Huntsville Botanical Garden staff to secure emergency medical, dental and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Parent/Guardian Initials _____

Parent/Guardian Initials _____

Media Release Information

During the course of the camp, Huntsville Botanical Garden may wish to use photographs of camp participants on bulletin boards, in educational publications or in general media releases on a controlled basis. Any such photographs would highlight the participant(s) either demonstrating learning techniques or participating in approved camp/garden activities. In accordance with Huntsville Botanical Garden policy, names of individual camp participants will not be released with any photographs.

Student's Name: _____

____ I/We consent to the use of my child's image; such use may include all Huntsville Botanical Garden Publications (print, online, video, etc.). Such photographs would highlight the camp participants either demonstrating learning techniques or participating in approved camp/garden activities.

____ I/We DO NOT consent to the use of my child's image ever; this use includes all Huntsville Botanical Garden Publications (print, online, video, etc.),

In consideration for the cultural and educational benefits which my child, _____, will receive by attending Camp, I hereby release the Huntsville Botanical Garden, all their directors, employees, volunteers, and any person associated with the Huntsville Botanical Garden, from any liability for any bodily injury and property damage suffered by my child as a result of activities during the educational program.

Staff to Student Ratio

HBG guarantees a Staff to Student Ratio of 1/10 (1 instructor to 10 students) throughout the camp day.

Camper Behavior Expectations

At the Huntsville Botanical Garden (HBG), we take the happiness and safety of our campers seriously. Therefore, we work very hard to create a safe and fun environment. Along with our efforts, we need the children to help us by following some simple rules. Please read the Camper Behavior Expectations with your child and ensure they understand our camp's behavior policies.

- *I will listen to the Instructor(s) and follow directions.*
- *I will respect other camper's belongings by not touching their things without permission.*
- *I will respect all property and help clean personal messes leaving areas clean.*
- *I will respect other camper's personal space by keeping my hands and feet to myself.*
- *I will act in a caring way, and I will not hit, fight, bite, tease, harass or bully others.*
- *I will use appropriate language, which does not include swear words or insults.*

Not abiding by these rules may result in suspension or removal from the program. All incidents will be handled on a 3-incident system, except hitting, fighting, and inappropriately touching another camper. Hitting, fighting, and inappropriately touching another camper will be an immediate one-day suspension from the program. All other incidents will be handled as follows:

1st Incident= Verbal Warning

2nd Incident= Written Note to Guardian; Reflection time* during Free Time (5 minutes)

3rd Incident= Contact Guardian; Reflection time* during Free Time (10 minutes)

More than 3 incidents may be subject to camper dismissal from the program.

**Reflection time includes sitting out with an Instructor(s) to talk about their behavior and how we can help the camper work through the problem resulting in better choices moving forward.*

Huntsville Botanical Garden management reserves the right to dismiss a child from the camp if the child's behavior is disruptive to the program and/or compromises the happiness and safety of themselves, other children, and/or staff. Children suspended or terminated from the program will not qualify for a refund.

By signing, I agree to partner with HBG in making my child's camp experience positive and safe for all children and families involved.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

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