Second Chances Wildlife Center Nature ECE Form

School Name Grade Birth date / Age	Child						
Street Address	First	Middle		Last			Gender: Male Female
Street Address	School Name		Grade	Birth date	/	_/	Age
Parent/Guardian + Contact Information Parent/Guardian #1 First	Street Address						
Parent/Guardian #1 First Last Ms. Mrs. Mr. Other Street Address	City	State	Zip code	Child's H	ome Pł	none	
Parent/Guardian #1 First	Parent/Guardian - Contact]	Information					
First I.ast Ms. Mrs. Mr. Other Street Address							
Street Address			Last			Ms	. Mrs. Mr. Other
Cell phone	Street Address						
Cell phone	Town/City	State	Zip Code	Home Phone			
Occupation	Cell phone		E-mail				
First Last Ms. Mrs. Mr. Other Street Address	Occupation			_ Employer			
Street Address Town/City State Zip code Home Phone	Parent/Guardian #2						
Street Address Town/City State Zip code Home Phone			Last			Ms	. Mrs. Mr. Other
Town/CityStateZip codeHome Phone Home Phone	Street Address						
Cell phone E-mail Cocupation Employer Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name Last Name Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name Cell Phone Email Relation to child Medical Release Information Insurance Information Policy Number Primary Physician Address Phone Hospital Preference Phone Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No Yes_No_ If yes, explain: Yes/No Is your child allergic to any type of food , medication, or animal? Yes, No_ If yes, explain:	Town/City	State	Zip code	Home Phone			
Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name Last Name Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Relation to child Emergency Contact #2 Relation to child First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Relation to child Medical Release Information Relation to child Insurance Information Name of Health Insurance Provider Primary Physician Address Phone Hospital Preference Phone Hospital Preference Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No Yes/No Yes/No Is your child allergic to any type of food , medication, or animal? Yes, No_ If yes, expl	Cell phone		E-mail				
Emergency Contact #1 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name More Phone Work Phone Cell Phone Email Relation to child More Phone	Occupation			_Employer			
First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child More Phone Work Phone Cell Phone Email Relation to child More Phone More Phone Medical Release Information Relation to child More Provider Primary Physician Policy Number	0.	ation – Altern	ate Pickup/Release	2			
Cell Phone		Last Name	2	Home Phone			Work Phone
Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Medical Release Information Medical Release Information Name of Health Insurance Provider Provider Primary Physician Name of Health Insurance Provider Provider Primary Physician Hospital Preference Phone Phone Hospital Preference Phone Phone Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes_No Yes/No Yes/No Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes_No_If yes, explain: Is your child allergic to any type of food , medication, or animal? Yes_No_If yes, explain: Yes_No_If yes, explain:	Cell Phone	Eust I tuin Email	e		Relati	on to cl	hild
First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child Medical Release Information Insurance Information Insurance Information Name of Health Insurance Provider Primary Physician Address Phone Hospital Preference Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes_No Yes/No Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes_No_If yes, explain: Is your child allergic to any type of food , medication, or animal? Yes, No_If yes, explain: Yes, No_If yes, explain:		Linun				011 00 01	
Cell Phone	Emergency Contact #2						
Medical Release Information Insurance Information Policy Number	First Name	Last Name	e	Home Phone			Work Phone
Insurance Information Policy Number	Cell Phone	Email			Relati	on to cl	hild
Insurance Information Policy Number	Medical Release Information						
Primary Physician Address Phone Hospital Preference Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No	Insurance Information						
Primary Physician Address Phone Hospital Preference Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No	Policy Number		Name of	Health Insurance Pro	vider		
Address	Primary Physician						
Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD). Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No	Address						
Diabetic, Asthma, Seizures, ADD). <u>Medical Problem/Diagnose</u> <u>Required treatment</u> <u>Should paramedic by called?</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes_No</u> <u>Yes_No</u> <u>Yes_No</u> <u>Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes_No_If yes, explain: Is your child allergic to any type of food , medication, or animal? Yes_No_If yes, explain: Yes_No_If yes, explain: </u>	Phone	Hospital Preference					
Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No			-	•	le any 1	requirin	g maintenance medication (i.e.
Yes/No Yes/No Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes_No_If yes, explain: Is your child allergic to any type of food , medication, or animal? Yes_No_If yes, explain:	Madical Drahlam /Diamana	,	De autine d'Ana etme ent	Charlet		dia haa	1119
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YesNoIf yes, explain: Is your child allergic to any type of food , medication, or animal? YesNoIf yes, explain:			•				caned?
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YesNoIf yes, explain: Is your child allergic to any type of food , medication, or animal? YesNoIf yes, explain:		<u> </u>					
YesNoIf yes, explain:					Yes/IN	0	
YesNoIf yes, explain:						for any	reason?
YesNoIf yes, explain:							
			a 11 - 1				

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials

I understand that Second Chances Wildlife Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials

I hereby release and hold Second ChancesWildlife Center, Brigette Brouillard, and their respective officers, directors, employees, and volunteers, from liability for any and all actions, claims, damages, disabilities, liabilities and expense of any kind, type or nature that may arise in any manner whatsoever out of my child's activities as a student at Second Chances Wildlife Center.

Parents/Guardians Initials

I understand that my child will have the opportunity to touch USDA licensed animals in a controlled manner with supervision. My child will not be allowed to hold the animals.

Parents/Guardians Initials

How did you hear about Nature ECE? _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Second Chances Wildlife Center programs**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Second ChancesWildlife Center.

Parent's/Guardian's Initials

Nature ECE Fees:

10 week session (9AM-12PM) \$600

Camp dates for which you are registering:

Circle Payment: Check	Credit Card (add 3 % processing fee)	
Credit Card: MC Visa		
Name on card:		
Number:	EXP:	CSC: