



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 day 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 the 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 director.

Zoe Vrieling

Program Director, Nature Nuts

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P | 206.780.1505

Submittal Instructions: Complete all of this form online or by hand, sign in the required places on pages, return the completed and signed packet to Peacock Family Services:

Email to naturenutsbainbridge@gmail.com

OR send/drop off at **305 N. Madison Ave, Suite C. Bainbridge Island, WA, 98110**

Valid for the entire calendar year.

Participant Name: _____

Basic Participant Information

Participant Name: _____

Program & Start Date: _____

Gender: _____ Birthdate: _____ Grade: _____ School: _____

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

Parent/Guardian Information

Parent/Guardian 1: _____ Relationship: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____

Parent/Guardian 2 (optional): _____ Relationship: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Will you be reachable at the above numbers while your child is at Nature Nuts? _____

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

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Authorized Pick Up

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. **At least two names are required.**

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

Transportation

Seat Belt Requirements - State law requires youth who are 4'8" or shorter *or* under 8 years of age to use a booster seat.

Is your child by law required to use a booster seat? yes no

How much does your child weigh? _____ lbs

Participant Name: _____

Insurance & Physician Information

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.

Is the participant covered by family medical/hospital insurance? _____

If yes, indicate carrier/plan name: _____ Carrier Address: _____

Name of Insured: _____ Relationship to participant: _____

Insurance ID Number: _____ Group Number: _____

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Date of Last Physical Exam: _____ Date of Last Dental Check Up: _____

Allergies & Dietary Restriction

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

Describe reaction and management of reactions: _____

Dietary Restrictions (Glucose Intolerant, Lactose Intolerant, Gluten Intolerant, Vegan, Vegetarian, Kosher): _____

* The program 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 child, please contact the program manager.

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 there are): _____

Participant Name: _____

Health History - Information is confidential and gathered only for program purposes.

<p>Has/Does the participant (circle if yes):</p> <ol style="list-style-type: none">1. Had any recent injury, illness, infectious disease?2. Have chronic or recurring illness/condition?3. Ever been hospitalized?4. Ever had surgery?5. Have frequent headaches?6. Ever had a head injury?7. Ever been knocked unconscious?8. Wear glasses, contacts, or protective eyewear?9. Ever had frequent ear infections?10. Ever passed out during or after exercise?11. Ever been dizzy during or after exercise?	<ol style="list-style-type: none">12. Ever had chest pain during or after exercise?13. Ever had seizures?14. Ever had high blood pressure?15. Ever been diagnosed with a heart murmur?16. Ever had back problems?17. Ever had an orthodontic appliance?18. Ever have problems with joints (knees, ankles)?19. Have any skin problems (ex itching/rashing)?20. Have diabetes?21. Have Asthma?22. Had mononucleosis in the past 12 months?23. Had problems with diarrhea or constipation?24. Have a history of nosebleeds?
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Please explain any "yes" answers, noting the number of question: _____

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

<p>The participant is currently dealing/has dealt with:</p> <ol style="list-style-type: none">1. Obsessive/compulsive behavior?2. Reactive attachments?3. Anxiety Disorders?4. Running away?	<ol style="list-style-type: none">5. Aggression towards self?6. Depression?7. Bipolar disorder?8. Abuse issues?9. Eating disorder?10. ADHD?
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Please explain any "yes" answers, noting the number of question: _____

Counseling

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

Is the participant currently in counseling?: _____ Reason for counseling: _____

Name of counselor: _____ Phone: _____

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 Name: _____

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

Participant Name: _____

Medication Authorization - 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 child as authorized by this Medication Authorization Form.
- Medications are administered by staff only as directed by the medication label or as authorized by physician.
- Medications administered by staff outside of medication label directions require written consent from a health care provider with prescriptive authority: a parent or legal guardian.
- Over-the-counter medications require written consent from a health care provider with prescriptive authority if they're 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. Arrange a time to give the Program Director your child's medications before the first day of the session.

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?	Symptoms	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
	Allergies or Hayfever	Benadryl or Similar Brand (Antihistamine)
	Diarrhea, Nausea, Upset Stomach	Pepto-Bismol or Similar Brand (Bismuth Subsalicylate).
	Nasal or Sinus Congestion	Claritin or Similar Brand (Pseudoephedrine)

Sunblock

Peacock Family Services & Nature Nuts uses Banana Boat Kids SPF 50 during summer months. We will apply sunscreen mid-way through programming.

Authorization to use Banana Boat Kids: _____ If no, Alternative Sunblock to use: _____

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/Legal Guardian Name: _____

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

Participant Name: _____

Authorization to Administer Prescription Medications - Alternative page is to be completed by the parent/guardian if youth regularly take medications.

YES, this participant takes medication on a regular/routine basis, **if yes please fill out Prescriptive Authority Form.**

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 Time Taken: **B L D PRN**
Reason for Taking: _____

Med 2: _____ Dosage: _____ Specific Time Taken: **B L D PRN**
Reason for Taking: _____

Med 3: _____ Dosage: _____ Specific Time Taken: **B L D PRN**
Reason for Taking: _____

Are there any side effects from these medications? _____

Does the participant know the scheduled time for taking medication? _____

Does the participant willingly take their medication? _____

Medical Devices - (Please remember that programs are outdoor experiences. Pack medical equipment accordingly.)

Yes, this participant requires an inhaler, nebulizer, or other medical device and will bring it/them to programs: _____

- Will you check-in the medication. Or must the participant carry with them at all times?: _____

Yes, this participant requires an EPI-PEN. Condition for which prescribed/taken: _____

- Will you check in the medication. Or must the participant carry 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/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Immunizations

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

As of July 2019, Washington State Law requires each child to have a filled out Washington Certificate of Immunization form for any school or after school activity. Please find this in the welcome email and provide a copy along with these forms.

Peacock's policy is that all children and staff are immunized for the measles, unless they have a medical or religious exemption (the philosophical exemption is no longer applicable).

Participant Name: _____

Acknowledgement of Risks & Policies

Please Read this Acknowledgement of Risks & 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 WA 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 jellyfish; 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 after school experience, and include wading in the Puget Sound or area ponds and streams.

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 participants if dismissed from programs early.

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/Legal Guardian Name: _____

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

Participant Name: _____

Waiver & Release of Liability

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 understand that my child may use hand sanitizer in lieu of soap and water if we are in an area without hand washing facilities.

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.

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 Releases") 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 Releases 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 Releases for any loss, liability, damage, injury, or death described above, and I agree to indemnify and hold Peacock Family Services Releases 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 with 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/Legal Guardian Name: _____

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