

Spearhead Young Naturalist Program  
Mississippi Headwaters Audubon Society

Child's Name \_\_\_\_\_

Emergency contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

I give permission for my child to participate in the Young Naturalist Program at the Neilson Spearhead Center. I authorize the lead naturalist or designated representatives to act for me according to their best judgment in any emergency requiring medical attention. In the event of an emergency and they are unable to reach the parents, guardian or emergency contacts, I authorize representatives of the Young Naturalist Program to perform any necessary emergency services. I understand that staff will follow MN Dept of Health and CDC Covid guidelines and will encourage campers to follow them as well.

I certify that:

 My child is adequately covered by insurance.

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

 My child does not have insurance, and I hereby assume all legal responsibilities for medical care.

 I certify that my child is medically fit to participate in all activities offered by the Young Naturalist Program.
If not, please describe (physical disabilities or special education needs):  
\_\_\_\_\_

Please check items that apply to your child and explain on the back, i.e., usual reaction:

Allergies: peanuts other foods bee/wasp stings other insects poison ivy other  
List: List: List:

**If your child has asthma or needs an epi pen**, please describe the usual treatment. If your child uses an inhaler, please provide it to the instructors, along with instructions for its use.

Note: The instructors would prefer to hold all medications for safe keeping and observe the child self-administer the prescribed dosage when needed.

Please check swimming ability (life jackets will be required while canoeing):

floats treads water 3 or 4 different strokes very proficient

Describe your child's experience with canoeing \_\_\_\_\_

 I give permission for my child to be included in photographs of Young Naturalist activities. Photos may be used for promotion of the Young Naturalist Program and the Neilson Spearhead Center.

 I give permission for ibuprofen/Tylenol/Tums in case of headaches or upset stomach aches.

Parent or guardian (print name): \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fill out this form and bring on the first day of the session.**