

Parent Information & Student Forms

PARENT LETTER



McDowell Environmental Center
105 Delong Road
Nauvoo, AL 35578

Dear Parent or Guardian,

McDowell Environmental Center's philosophy is to teach students in the great outdoors and give them a lifetime of memories and experience. Your child will be learning through hands-on environmental science classes, seeing nature up close in a 1,140-acre outdoor classroom. Our instructors have been trained in a child-centered, experiential approach to teaching and are passionate about sharing the natural world with students and adults. We would like to mention a few important items worth emphasizing about your child's upcoming visit to ensure their safety and comfort while away from home.

Appropriate Clothing: We offer hands-on science and team building classes, so we spend most of our time outdoors, even in the rain and cold. Please help your child be prepared with appropriate clothing, as indicated on the "Bring-Along List." In truly inclement weather, we have ample indoor teaching space.

Student Health Form: We have a full time resident RN and EMT here to help keep your child safe and healthy. For your child's well-being, please complete both sides of the Student Health Form and return it to your child's teacher on time. *Any student without a completed and signed medical form may not attend our program.* It is important that you complete and sign the front and back of the Health Form.

Medications: All medicines must be in their original containers. Please remember that parents must provide any over-the-counter medicines they anticipate their child may need. *If your child requires an Epi-pen or other injection, please contact the Nurse at 205-387-1806 ext 125 or rn@campmcdowell.com.*

Acknowledgement of Risk Form: If your child's teacher has chosen either our Team Challenge or one of the "high ropes elements," an Acknowledgement of Risk Form should accompany this packet of information. Please ensure that the student's name and your signature are on this form so that your child can participate in all of the activities.

Your child's school teachers will sent home all information. The teachers from your school will select chaperones for the trip. If you have any questions regarding our program, personnel or facilities, please contact your child's teacher or feel free to call us or visit our web site at www.mcdowellec.com.

Jen Kopnicky, Director
jenk@campmcdowell.com
205.387.1806 ext. 109

Carrie Evans, Program Coordinator
pc@campmcdowell.com
205.387.1806 est. 108

School: _____

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McDowell Environmental Center STUDENT HEALTH FORM

All information is confidential-**PLEASE PRINT NEATLY!**
This form must be filled out by the student's **PARENT or LEGAL GUARDIAN ONLY!**

Student name: {Last} (Middle)	(First)	Date of Birth:	Sex: Female Male (Please circle one)
Age:	Grade:	Height/Weight:	Preferred name (if different from above):
Address: Code:		City:	State: Zip
Parent/Guardian name: {Last}		(First) Relationship to student:	
Cell Phone:	Work Phone:	Email Address:	
Other Emergency Contact: {Last}		(First) Relationship to student/Phone Number:	
Primary Physician:		Physician Phone:	

Is student on a special diet? Y / N If so, please explain what they CAN eat as well as what they CANNOT eat:

****If special foods must be sent with your child,
please contact the camp nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com****

ALLERGY INFORMATION

To the best of your knowledge does your child have any allergies? **YES / NO** (Please circle one)
If **YES** was circled, please indicate to which of the following your child is allergic. Please be specific:

FOODS:	
PLANTS:	
MEDICINE ALLERGIES:	
ANIMALS:	
INSECTS:	
OTHER:	

Please indicate what treatment your child should receive if exposure occurs (Any medications to which your child is allergic will NOT be given): _____

**** If your child is bringing an EPI-PEN,
you MUST contact the camp nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com****

ADDITIONAL HEALTH CONCERNS: _____

PLEASE READ, COMPLETE and SIGN PAGE 2 OF THIS FORM!!

STUDENT MEDICATIONS WHILE at MCDOWELL ENVIRONMENTAL CENTER:

- All medications must be in their original container with the student's name and school written on the container.
- There must be clear directions on when &/or why to give the medication.
 - NOTE: "Give as Directed" is not acceptable
- The container must specify the strength and dose of the medication.
- If it is an Over-The-Counter medication it must be age-appropriate and will be given following manufacturer recommendations. If it is not recommended for your child's age and your child's Healthcare provider prescribed it then a note from that provider must be sent with the OTC medication.

PRESCRIPTION MEDICATIONS:

ALL MEDICATION IS ADMINISTERED BY A LICENSED NURSE, EMT OR AUTHORIZED SCHOOL PERSONNEL. Add additional sheet, if necessary.

List all prescription medications that you will send with your child. Circle the time(s) to administer this medicine to the child, choosing from the following: **B***= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner, **HS**= At Bedtime

*If a time is not selected, medicines will be given after breakfast.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
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Medication:	Dosage:	Reason:	Time Given: B* B L C D HS

OVER THE COUNTER (OTC) MEDICATIONS:

ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL GUARDIANS OF THE STUDENT.

Circle "As Needed Only", if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only

In the event of unexpected illnesses, our Nurse/EMT will have limited OTC medicines available for your child-
Which of the following medicines do you permit to be given to your child by our Nurse/EMT?

Ibuprofen: Yes_ No_ Acetaminophen: Yes_ No_ Benadryl: Yes_ No_ Cough Drops: Yes_ No_ Tums: Yes_ No_

PHOTO RELEASE

"I give my permission for any photos or videos taken of my child or any artwork and writing made by my child during educational programs at Camp McDowell to be used for the public relations of the program."

ACCIDENT INSURANCE COVERAGE

Accident insurance costs are covered in the program fee and protect all students throughout the program. The maximum benefits are: Sickness, \$1000; Accidents, \$2500; and Loss of Life, \$2500. Parents or guardians are responsible for expenses in excess of these amounts.

MEDICAL AUTHORIZATION AND RELEASE

"I AUTHORIZE THE NURSE, EMT, OR AUTHORIZED SCHOOL PERSONNEL THE TASK OF ASSISTING MY CHILD IN TAKING THE ABOVE MEDICATIONS.

I GIVE THE NURSE AND EMT PERMISSION TO SPEAK WITH MY CHILD'S HEALTH CARE PROVIDER OR PHARMACIST AND AUTHORIZE MY CHILD'S HEALTH CARE PROVIDER OR PHARMACIST TO SPEAK WITH THE NURSE AND EMT SHOULD A QUESTION COME UP ABOUT ONE OF MY CHILD'S MEDICATIONS.

ALL HEALTH INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL BE SHARED ONLY ON A NEED-TO-KNOW BASIS TO ENSURE THE SAFETY OF YOUR CHILD."

"This is to certify that the information provided on this form is accurate to the best of my knowledge,"

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

STUDENT ACKNOWLEDGEMENT OF RISK FORM

WAIVER OF LIABILITY for McDowell Environmental Center

Camp McDowell - 105 Delong Road - Nauvoo, AL 35578



Dear Parent / Legal Guardian,

Your child's teacher has chosen one or more of the following for your child to participate in at McDowell Environmental Center: Team Challenge, Power Pole, Climbing Wall and/or Trust Swing.

Team Challenge is a series of challenges and obstacles for a group to overcome. The purpose of the course is to teach teamwork and cooperation. At times, participants will be two to six feet off of the ground on ropes, cables or logs. During these activities, your child will depend on their classmates for physical and emotional support and on our instructor to guarantee strict adherence to safety guidelines.

The Power Pole, Climbing Wall and Trust Swing are all twenty to thirty feet high ropes course elements. While off the ground, all participants will be secured by a rope and harness safety system operated by a trained instructor. The purpose of these activities is to build group trust and self-confidence.

Our insurance carrier requires that all participants have a signed waiver which holds Camp McDowell and its staff harmless from any and all liability if an accident should occur. Camp McDowell has used these activities since 1974, and *this requirement is not the result of any problems, injuries or accidents at the camp*, but simply a requirement of the liability insurance carrier.

By signing this waiver, you accept responsibility for your child who is willingly participating in a program where there are certain inherent risks and dangers. **Please note that your child has the choice to not participate.** You must understand that the risk involved in participation may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. You understand that, in case of injury, initial treatment may be performed by the staff of Camp McDowell and there may be need for transportation to medical facilities in Jasper, Alabama.

After reading above, I certify that my child is completely healthy (both physically and emotionally) and capable of participating in these activities. I understand that it is solely my responsibility to determine whether there is any medical reason that he/she should not participate in any of the activities.

I assume all of the above inherent risks and any other ordinary risks incidental to the nature of these activities which are not specifically foreseeable. I will hold Camp McDowell harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss otherwise which may arise from my child's participation. By signing this waiver I release Camp McDowell and its staff from any negligence incurred. My child enters into this activity voluntarily, and I take full responsibility for the decision for him/her to participate or not to participate.

PLEASE NOTE THAT YOUR CHILD CAN NOT PARTICIPATE UNLESS YOU RETURN THIS SIGNED FORM!

Parent/Legal Guardian Name (Please Print)

Name of **Student** (Please Print)

Parent/Legal Guardian Signature

Date

VERY IMPORTANT!

Medicine Reminder

PLEASE READ!

for Parents

- Medicines at McDowell Environmental Center are subject to the same rules as medicines brought to school for administration by the school nurse.
- Scheduled medicine times are: Before Breakfast, After Breakfast, After Lunch, Canteen, After Dinner and at Evening Snack.
- Prescription medicines **MUST** be in their original containers and have a label containing:
 - Student Name
 - Name of Prescription Drug
 - Strength of Prescription Drug
 - Administration directions ("give as directed" is **NOT** acceptable)
 - Parents must indicate what time medication is to be taken
- Please remember that parents **must provide any over-the-counter medicines** they anticipate their child may need.

***If your child requires an Epi-pen or other injection, please contact the Nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com*

Stacey Glenn, R.N., Camp McDowell Nurse
 McDowell Environmental Center

Medication Packing Sheet *for Parents*

Please place this sheet in a bag with your child's medicine. All information must be completed by a parent or legal guardian. Please fill out the information for prescription and over the counter medicines.

Student's Name: _____ School: _____

PRESCRIPTION MEDICATIONS:

Circle the time(s) to administer this medicine to the child, choosing from the following:

B*= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner, **HS**= At Bedtime

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OVER THE COUNTER (OTC) MEDICATIONS: ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL

GUARDIANS OF THE STUDENT. Circle "As Needed Only", if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
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