

Darien Nature Center Emergency Form

Child's Name _____ Age _____ Date of Birth _____

Male _____ Female _____ Allergy Yes _____ No _____ Is Child Fully Toilet Trained? Yes _____ No _____

Emergency form complete Yes _____ No _____ Child's Physical Form on File Yes _____ No _____

Mom's Name _____ Dad's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

E-mail _____

IN THE EVENT OF AN EMERGENCY AND PARENT CANNOT BE REACHED. PLEASE NOTIFY THE FOLLOWING:

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

Family Physician: _____ Phone #: _____

Any known allergies? _____

Treatment _____

Does your child have any special needs we should know about? _____

Participation Agreement

- By enrolling my child in the Darien Nature Center Program, I grant permission for him/her to participate in all of the activities of the program except where medical restrictions apply.
- I grant permission for my child to participate in field trips supervised by the Darien Nature Center staff.
- **I grant permission for photographs to be taken of my child while participating in Darien Nature Center programs. These photos may be used for publicity purposes.**
- I grant permission for the Darien Nature Center staff to take whatever steps necessary to obtain medical care for my child ,if warranted. These steps include: (1) Administering First Aid; (2) Contacting parent/guardian or emergency contact. (3) Contacting the child's physician. (4). If necessary, Post 53 will be called to transport the child to an emergency medical center.

Signature of Parent/Guardian

Date

Are there any special custodial situations involving your child of which the Darien Nature Center should be made aware ? If so, please detail the situation: _____

Please list name(s) of individuals to whom your child **should not be released** .

1. _____ 2. _____