



Discovery Camp

Camper Contact Information and Health Form

Camper Information

Child's Name: _____ Birth Date: ____/____/____ Age: _____

Nickname: _____ Grade in fall of this year: _____ Pronouns: _____

Museum and Tiffit Camp(s) Weeks attending this year:

Home Address: _____ City: _____

Zip: _____ Contact Email: _____

Siblings Attending Camp: _____

Are you a Buffalo Museum of Science member?

Yes

No

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship: _____

Primary Phone # to be reached during the day: _____

Secondary Phone #: _____

Parent/Guardian Name: _____ Relationship: _____

Primary Phone # to be reached during the day: _____

Secondary Phone #: _____

In case of an emergency, if parents/guardians are unavailable, please notify:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____



Child's Name: _____



Health History

Please write N/A if not applicable

Disability or chronic/recurring illness: _____

Other special conditions/anything for Counselors to be aware: _____

Dietary modifications or allergies: _____

Any specific activities in which your child cannot participate: _____

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp coordinator to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

Parent/Guardian Signature: _____ Date: _____

Medications:

If your child requires any medications be taken and overseen at camp, please fill out the following table. All medications must be in their original container when submitted to the camp coordinators. Please include any epinephrine auto- injectors in the table.

Drug	Route (orally, topically, etc.)	Dosage	Schedule and Indications	Comments/Side Effects	Prescription Number

If your camper must have medication at camp, your physician must sign below.

Physician's Signature: _____

Name of Family/Child Physician: _____ Phone #: _____

Immunization Record

The Buffalo Museum of Science and Tiff Nature Preserve now require a current immunization record or immunization waiver/exemption form to be on file while your child attends camp. Parent /Guardian, please initial line below if record is attached to this form or indicate when/how it will be received:



Child's Name: _____



Permission for Pick-up

Please fill in the table below with any persons you would like to have permission to pick up your child from camp. **Please include parent/guardian names in the table as well.** If a name is not listed below, camp staff will not release your child to that person without a phone call to confirm with a parent/ guardian. Campers will not be released to minors (this includes siblings under the age of 18). Additions to the list must be submitted in writing.

Name	Relation	Phone

COVID-19 Procedures:

I understand that due to the COVID-19 pandemic, additional procedures will be implemented for the 2021 Discovery Camp season in accordance with the New York State Department of Health COVID-19 Guidelines for Camps and that I will be notified of these procedures in advance via email. I hereby agree to review and follow these guidelines and stay informed of any updates between sessions.

Parent/Guardian Signature: _____ Date: _____

Photo Release:

I hereby allow the use of photos or video of _____ for publication purposes by the Buffalo Society of Natural Sciences. I understand that their picture or footage, not including their name, may be used in the Society’s newsletters, program guides, brochures, website, annual report, project reports and promotional videos that are strictly related to the Museum or Tiff’t’s marketing and communication efforts.

Parent/Guardian Signature: _____ Date: _____

Extended Care:

My child will require extended care (4:30 - 5:30pm) on the following days (please circle all that apply):

Monday Tuesday Wednesday Thursday Friday

I acknowledge that if I choose to have my child stay for extended care (4:30pm-5:30pm) or am unable to pick my child up before 4:30pm, I will be billed \$9 per every ½ hour per child per day. I understand that I will be billed a penalty of \$9 per every 5 minutes after 5:30pm. I acknowledge that if I do not pay on the day it is due that I will be billed for the amount and agree to pay it within 10 days.

Parent/Guardian Signature: _____ Date: _____



Child's Name: _____



Discovery Camp Character Pledge

I pledge to **Respect** myself, fellow camper and counselors.

I pledge to be **Responsible** for my own actions.

I pledge to be **Tolerant** of differences that make every person unique.

I pledge to promote an environment that fosters **civility, kindness & acceptance**.

I pledge to have **Fun!**

I pledge to **value nature, explore and discover!**

By signing the Discovery Camp Character Pledge, I and my parents agree to uphold each of the aspects every day at camp. I realize that by not upholding the pledge each and every day there will be consequences that could result in being suspended from camp for a short period of time, or being removed from camp programs permanently.

I, _____ & _____ pledge
(Camper) (Parent/Guardian)

to have a safe and fun summer of discovery at camp by following the
Discovery Camp Character Pledge! Date: _____

PLEASE SUBMIT this completed packet of forms and an immunization record no later than 2 weeks prior to the first day of camp that your child is attending.

ALL forms for BMS and Tifft Camps should be sent to:
tiftcamps@sciencebuff.org or fax to 716-408-9103