



Celebrating 30 Years of the Nature Center

Student Information Form

(Non-Nature School programs)

Child's Full Name: _____ Goes By: _____
Last First Middle

Date of Birth: _____ Gender: M F Child Lives With: Both Mom Dad Guardian

Child's Address: _____
street city ST Zip

Current Age / Grade: _____ School: _____

PARENT / GUARDIAN INFORMATION

Name of Parent or Guardian 1: _____ Relationship to Child: _____

Address of Parent/Guardian 1
(if different from child's) _____
street city ST Zip

Email Address: _____ Mobile: _____ Home: _____

Name of Parent or Guardian 2: _____ Relationship to Child: _____

Address of Parent/Guardian 2
(if different from child's) _____
street city ST Zip

Email Address: _____ Mobile: _____ Home: _____

CHILD WELLNESS INFORMATION

Does your child have disabilities, special needs or illness that we should be aware of? Yes No
If yes, please specify: _____

Does your child have any diagnosed allergies? Yes No If yes, please specify: _____

Will an EpiPen be brought to class? Yes No Food Allergy and Anaphylaxis Emergency Care Plan submitted on (date): _____

Is your child asthmatic? Yes No Will an inhaler be brought to class? Yes No

– Form Continues –

<small>For Office Use Only</small>				
EN	HS	SC	Session	Date
Notes:				

AUTHORIZATIONS AND CONSENT

Who should we notify if we cannot reach you in case of sickness or accident?

Name	Address, City, ST, Zip	Phone (including area code)	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

My child has permission to leave with the following people. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name	Phone (incl area code)	Relationship to child
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Under no circumstances will a child be dismissed to anyone other than one of the adults listed above. Please inform your child's teacher if you need to make changes to this list.



Please initial below to signify your consent to the following.

I give my consent for my child to be transported and supervised by Nature Center employees in an emergency.

I give my consent for my child to participate in water table play.

I have read the cancellation and refund policy(ies) included on River Legacy's online registration site for the program(s) that I am registering for and accept these terms.

I give my consent for my child to be photographed or videotaped during program and class activities. I understand that these photos or videos may be used to promote River Legacy and its Education Programs.

AUTHORIZATION FOR PARTICIPATION AND MEDICAL CONSENT

I am the natural parent, guardian or managing conservator of _____, a minor. I hereby give my permission for my child to participate in all River Legacy program activities including nature walks. In the event I cannot be personally contacted, I do hereby grant authority to River Legacy Foundation, its agents, officers, employees, representatives and volunteers to consent to medical treatment and transportation as necessary, if required by the minor child.

This authorization is for the purpose of securing benefits for the health and welfare of my minor child and expressly includes the authority to sign releases for physicians and hospitals or medical facilities, as selected by River Legacy staff, who may render medical care and service. I assume liability for payment of all such professional treatment, care, drugs and other services for my minor child.

I agree to indemnify and hold harmless River Legacy Foundation, its agents, officers, employees, representatives, and volunteers from any and all responsibility owed to the child, the parent or their legal representatives, heirs and assigns from any and all claims, demands, actions, judgments, causes of action or damages that the parent or child ever had or may have, whether caused by the negligence of River Legacy Foundation, or their agents, officers, employees, representatives, or volunteers while the child is participating in the activities of River Legacy Foundation.

Sign here

Signature

Date

By typing your name above, you are authorizing your agreement to the terms of this statement.