



SHELBURNE FARMS
Vacation Day
Emergency & Health Information

Required Fields

Date: _____

Child Name: _____ Age: _____ Gender: _____ Date of Birth: _____

Parent/Guardian: _____

Local Address: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____
 During program hours alternate alternate

Is your child attending camp with a friend? If so, what is that child's name? _____

HEALTH INFORMATION

Date of last immunization for **tetanus** _____ Is your child **allergic to bee stings**? Yes No
 Never been stung

I give consent for my child to receive the following as needed (please circle): Ibuprofen Acetaminophen Insect repellent

If your child is currently taking **medication**, do you request and grant permission to administer it? YES NO
 Please state medication(s), dosage and interval:

Please specify any **concerns or special needs** for your child. We would like to know how best to provide support, including how to relate with him/her, and what accommodations, if any, will be needed. Please attach special care plans and indicate if a staff member or other adult is needed to regularly assist your child during camp. **Check all that apply:**

Allergies Dietary Restrictions Physical Limitations Behavioral Concerns Aide Required Other

IN CASE OF AN EMERGENCY

Name of Child's Physician: _____ Phone: _____

Insurance Provider: _____ Account #: _____

Name of Primary Account Holder: _____

If a parent/guardian cannot be contacted in an emergency, please contact:

Name: _____ Relationship: _____

Phone (during program hours): _____ Phone (alternative): _____

In the event that your child experiences an allergic reaction, do you grant permission to administer **Benadryl** to your child?
 If applicable, I also grant permission to administer the **EPI-PEN** that I have provided. YES NO

I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury:

PARENT/GUARDIAN SIGNATURE _____ Date: _____

CONTINUE ON BACK >>

Child Name: _____

PROGRAM LOGISTICS

Do you give permission to transport your child in **camp vans and wagons**? YES NO

Do you grant permission to publish in print, electronic, or video format, the likeness or **image of your child** for the general promotion of Shelburne Farms and its programs? YES NO

ROAD SAFETY

I hereby agree to the following guidelines and will communicate them to relatives or friends should they drop-off or pick up my child(ren) for this program.

- The Farm speed limit is 25 MPH and reduced speeds are expected near buildings and parking lots.
- There is no passing of moving vehicles.
- All program participants are expected use the main entrance to the Farm at the intersection of Harbor and Bay roads.
- The Farm Barn courtyard may be used for handicap parking.

ACKNOWLEDGED

CONSENT AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless Shelburne Farms from any and all liability, costs and expenses on account of personal injury or property damage arising from my child's participation in Shelburne Farms Education Programs.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Please return this form on the first day of Vacation Day Programming or prior to the first day for any special needs or care:

Shelburne Farms
Attn: Vacation Day Programs
1611 Harbor Road
Shelburne, VT 05482