



# Child Enrollment and Emergency Medical Care Form

**Leave no blanks.** Please complete each line or indicate NOT APPLICABLE with "NA".

## FOR OFFICE USE

Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy? Yes / No

Asthma? Yes / No

## CONTACT INFORMATION

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Hospital Choice \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

First Parent/Guardian's Name \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Second Phone \_\_\_\_\_

Second Parent/Guardian's Name \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Second Phone \_\_\_\_\_

## MEDICAL AND BEHAVIORAL CONDITIONS (Please disclose anything you feel may be relevant)

- Known allergies (list specific allergens to food, animals, environment): \_\_\_\_\_  
\_\_\_\_\_
- Symptoms of a reaction: \_\_\_\_\_
- Medication\*/ treatment: \_\_\_\_\_
- Asthma: Yes / No \_\_\_\_\_ Medication\* prescribed: \_\_\_\_\_
- Other medical conditions: \_\_\_\_\_
- Behavioral conditions: \_\_\_\_\_
- Special needs: \_\_\_\_\_

*\*If your child has allergies or conditions requiring medication at the Darien Nature Center, additional forms will be required. Contact us or see the Programs tab on the website.*

**ALTERNATE PICK-UPS:** Persons permitted to remove your child from the premises on your behalf.

**EMERGENCY CONTACTS:** Persons to be contacted in an emergency, if parents cannot be reached.

- 1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Check all that apply: ☐ Alternate Pick-Up ☐ Emergency Contact ☐ Both
- 2) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Check all that apply: ☐ Alternate Pick-Up ☐ Emergency Contact ☐ Both
- 3) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Check all that apply: ☐ Alternate Pick-Up ☐ Emergency Contact ☐ Both
- 4) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Check all that apply: ☐ Alternate Pick-Up ☐ Emergency Contact ☐ Both

### DISCIPLINE POLICY

Discipline is not about punishment or control. Discipline is about guiding and teaching children, helping them to make wise decisions about their behavior and allowing them to gradually accept responsibility for their choices and actions. Our goal is to work toward helping each child to feel encouraged. Classroom rules will be established at the beginning of the school year with the children. We try to understand the 'why' behind behaviors so that we can respond appropriately. Distraction, redirection, and modelling are methods to help children keep control. Praising appropriate behavior helps to reinforce positive actions.

If a child has demonstrated unacceptable behavior and does not respond to the teacher, it may be necessary for the child to be removed from the situation. The child can be brought to the Director's office. This gives the child time to calm down and talk about his/her feelings. If a child has ongoing behavior problems, a conference will be requested with the parents. Corporal punishment is never used to discipline a child. It is against the law and will result in the immediate dismissal of a staff person.

*I have reviewed and discussed with the staff and understand the Darien Nature Center's discipline policy.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### MEDIA RELEASE POLICY

By registering your child for any program offered by Darien Nature Center, you grant permission for photographs to be taken of your child while participating in Darien Nature Center programs. These images may be shared with our community (social media, newspapers, website, brochures, etc). No identification of any child will be used in shared images.

Do you agree to the Media Release Policy? Yes ☐ No ☐

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## 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 nature walks supervised by the Darien Nature Center staff.

The Darien Nature Center does not have a registered nurse on site. All medication administration and first aid will be conducted by a first aider certified in CPR/AED/First Aid and Injectables/Inhalants/Topicals. 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, an ambulance will be called to transport the child to an emergency medical center. I will be responsible for all medical fees.

*I have reviewed and understand the Darien Nature Center's participation policy.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE CONTENTS HEREOF AND UNDERSTAND MY RIGHT TO DISCUSS SUCH CONTENTS WITH MY OWN LEGAL COUNSEL**

PRINTED NAME OF CHILD: \_\_\_\_\_

PRINTED NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form:**

By email: [medicalrecords@dariennaturecenter.org](mailto:medicalrecords@dariennaturecenter.org)

By fax: 203-655-3185

By mail or in person: Darien Nature Center, 120 Brookside Road,  
Darien, CT 06820

**Thank you!**