

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS**  
**EARTH CAMP HEALTH HISTORY FORM**  
**PRESENT TO NURSE AT CHECK-IN**

Parent/Guardian: **Please complete both sides** of this form and **bring it to camp on check-in day** with the Medical Exam Form. If your child requires special treatments, injections, is immune compromised, or has mobility limitations (e.g. crutches or wheelchair), dietary restrictions, food allergies, or has no spleen, **you must contact the nurse by phone** at least **two weeks before** the program (401-397-3304 ext. 6043). When you call, state whether the issue is medical or dietary.

Dates of Camp Session(s) \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 Address \_\_\_\_\_  Boy  Girl  
 \_\_\_\_\_ Birth Date \_\_\_\_\_  
 \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Telephone home:(\_\_\_\_)\_\_\_\_\_ work:(\_\_\_\_)\_\_\_\_\_ cell:(\_\_\_\_)\_\_\_\_\_

Father's Name \_\_\_\_\_  
 Telephone home:(\_\_\_\_)\_\_\_\_\_ work:(\_\_\_\_)\_\_\_\_\_ cell:(\_\_\_\_)\_\_\_\_\_

Name of another person to be contacted in case of emergency if you cannot be reached:  
 \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Telephone home:(\_\_\_\_)\_\_\_\_\_ work:(\_\_\_\_)\_\_\_\_\_ cell:(\_\_\_\_)\_\_\_\_\_

Parent/Guardian's Health Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**NOTES TO PARENTS:**

1. URI provides limited insurance coverage for all campers up to \$3,500.00 per injury. The parent/guardian is responsible for costs beyond this limit.
2. If your child has had or has been exposed to a contagious disease or gets a serious cut, bruise, sprain, break, other injury or skin rash during the week prior to coming to Alton Jones, please contact our nurse by phone before arriving.
3. All medications will be locked in a centrally located area except Inhalers and Bee Sting Kits/Epi-pens, which must be carried by children at all times. (Please include a fanny pack for campers who must carry these emergency medicines).
4. **All medications** must be properly labeled, correlated with written instructions and placed in a ziploc bag.
5. **Prescription Medication:** If your child is bringing medication prescribed by a physician, the medication must be in the original container with the doctor's orders on the container. Medications will be dispensed as specified on the container unless a physician's note is attached indicating a change in dosage. The medication will be dispensed under the supervision of an R.N. or other authorized staff member.
6. An information sheet on ticks and tick-borne illnesses is enclosed. Please read it carefully.

If your child is bringing prescription medication please complete the following:

Medication	Dosage	Reason

**(Over Please)**

# MEDICAL BACKGROUND

If YES is checked, give **approximate dates, method of treatment, and or restrictions.** If your child is under the care of a Social Worker, Psychologist, Behavioral Therapist etc., please fill in specific information concerning your child's needs.

- Bleeding Disorders  Yes  No \_\_\_\_\_
- Convulsions  Yes  No \_\_\_\_\_
- Epilepsy  Yes  No \_\_\_\_\_
- Diabetes  Yes  No \_\_\_\_\_
- Abscessed Ears  Yes  No \_\_\_\_\_
- Asthma  Yes  No \_\_\_\_\_
- Nebulizer?  Yes  No \_\_\_\_\_
- Allergy Injections  Yes  No \_\_\_\_\_
- Sleep Walking  Yes  No \_\_\_\_\_
- Fainting  Yes  No \_\_\_\_\_
- Kidney Trouble  Yes  No \_\_\_\_\_
- Heart Trouble  Yes  No \_\_\_\_\_
- Bed Wetting  Yes  No \_\_\_\_\_
- Compromised Immune System  Yes  No \_\_\_\_\_
- Spleen Removed  Yes  No \_\_\_\_\_
- Emotional Issues  Yes  No \_\_\_\_\_
- Behavioral Issues  Yes  No \_\_\_\_\_
- Learning Disability  Yes  No \_\_\_\_\_
- Requires an Aide at School  Yes  No \_\_\_\_\_
- Vegetarian  Yes  No \_\_\_\_\_
- Traveled out of U.S. in last 3 mo.  Yes  No Country(s) \_\_\_\_\_ Dates \_\_\_\_\_
- Other  Yes  No \_\_\_\_\_

Does your child have any allergic reactions to: (Please note reaction)

- Bee Stings  Yes  No \_\_\_\_\_
- Medications  Yes  No \_\_\_\_\_
- Food or Drink  Yes  No \_\_\_\_\_
- Other allergies  Yes  No \_\_\_\_\_
- Is child under special treatment?  Yes  No \_\_\_\_\_

Any restrictions at school?  Yes  No \_\_\_\_\_ **A doctor's note is required.**

Has child had a tetanus booster?  Yes  No Date: \_\_\_\_\_

Are immunizations up-to-date?  Yes  No \_\_\_\_\_

Bringing **over the counter meds**?  Yes  No Please complete the following:

Medication	Dosage	Reason

**Permission to secure treatment:** I give permission to have my child treated by the W. Alton Jones Campus nurse, authorized staff, or a physician in case of severe illness or emergency in which I cannot be reached. In the event that an illness or injury should arise in which a doctor's diagnosis is required, I authorize the campus management to dismiss my child early, in which case I will assume responsibility for arranging transportation. I hereby assume responsibility for all medical expenses for my child not covered by the University of Rhode Island accident insurance policy. (Please note that some hospital emergency rooms require notarization for permission to treat a minor. To promote optimal treatment security for your child, please have this form notarized.)

\_\_\_\_\_  
Parent/Guardian Signature (must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary (optional)

\_\_\_\_\_  
Date

UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS  
ENVIRONMENTAL EDUCATION CENTER

**MEDICAL EXAM FORM**

**PRESENT TO NURSE AT CHECK-IN**

To comply with state regulations and American Camping Association standards, you must provide evidence that your child has had a health examination **within the 24 months prior to camp attendance (12 months recommended)** by a licensed physician, a certified nurse practitioner, or other medical personnel licensed by the state to conduct health examinations.

Please choose **ONE** of the options below and present to the nurse at check-in:

1. **CALL** your physician's office and have them send **YOU** a copy of your child's last health examination or a form indicating that an examination had been conducted and indicating any special treatments or considerations about your child's participation in camp activities. Be sure to verify that the date of the examination was within 24 months of attendance (12 months recommended). Attach the copy to this blank form and bring it to camp.

**OR**

2. Have your physician fill out, sign, and date the form below.

**OR**

3. Have your physician's secretary fill out, stamp, and date the form below with an official stamp.

**MEDICAL EXAMINATION**

(options #2 and #3 only)

Name of participant \_\_\_\_\_ Age \_\_\_\_\_  
(please print)

Does this child have any physical condition requiring restriction(s) on participation in the camp program? YES NO If yes, attach information on restrictions.

Does this child have any current or on-going treatment and/or medications?  
YES NO If yes, attach information.

I have examined and questioned this child on \_\_\_\_\_.  
(date of examination)

I understand the nature of the program and activities involved, and I believe he/she is capable of participating in the camp activities offered by the W. Alton Jones Campus. (Exceptions attached.)

\_\_\_\_\_  
Licensed Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS EARTH CAMP  
PARENT/GUARDIAN AGREEMENT**

**Present at Check-In**

In order that the W. Alton Jones staff may provide each camper maximum opportunity for personal growth, I understand that in signing this agreement I certify that my child is healthy and free of problems that could be detrimental to his/her safety or that of other campers while in camp.

In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the camp management to dismiss my child early, in which case I will assume responsibility for transporting my child from the camp at a time specified by the program management. If I am not available, I authorize the people listed (see below) to pick up my child.

I grant permission for the camper named on this form to participate in all planned activities dictated by the program he/she is attending which may include but are not limited to off-campus trips both in Rhode Island and out of state by camp-authorized transportation, canoeing or hiking both on and off-campus, ferry and boat rides, swimming, and snorkeling understanding that safety precautions will be carried out and that competent leadership will be provided. I have read all of the material provided and/or the information available on the web at [www.altonjonescamp.org](http://www.altonjonescamp.org) and I understand the nature of the program. I understand that activities will be conducted outdoors in the natural environment day and night in all types of weather and conditions. I further understand that participation in activities can expose my child to dangers both from known risks and from unanticipated risks. W. Alton Jones Camp reserves the right to change plans if weather or other circumstances dictate. I understand that if the health or safety of other campers or staff or suspicion of theft indicates the need, campers may be required to inventory their belongings in the presence of staff members. The W. Alton Jones Campus is not responsible for lost or stolen items.

I authorize the University of Rhode Island and the Narragansett Bay Research Reserve (Bay Mania) to have and use photographs, digital reproductions, and recordings of the camper named on this form as may be needed for its records or for public relations purposes including electronic, print, and digital media, or publishing via the internet.

It is my understanding that the University of Rhode Island provides limited accident insurance coverage for all campers up to \$3500.00 maximum per injury. I understand that in signing this agreement, I hereby assume responsibility for all medical expenses for my son/daughter not covered by the University of Rhode Island accident insurance policy.

**I understand that a photo driver's license (or an equivalent photo ID) is required to pick up my child. In the event of an emergency during a time when I cannot be reached, or if I (the person signing this form) cannot pick up my child at the end of camp, I authorize the following people to sign out my child upon presentation of a photo driver's license for identification.**

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**Camper's Name** (please print) \_\_\_\_\_

**Spouses and ex-spouses must be listed if you would like them to be able to pick up your child.**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ cell:(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ cell:(\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ cell:(\_\_\_\_) \_\_\_\_\_

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**End Of Camp Check Out:**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature

# BEHAVIOR AGREEMENT

University of Rhode Island W. Alton Jones Campus Earth Camp  
Present at Check-In

Camper Name \_\_\_\_\_ Program \_\_\_\_\_ Dates \_\_\_\_\_

At Alton Jones, we strive to create a caring and supportive community. We want all children to feel safe, welcomed, and accepted. Following and abiding by the rules and guidelines ensures a memorable experience. Campers are expected to respect themselves, others, and the environment. Inappropriate behavior negatively affects everyone.

Since the Alton Jones experience passes so quickly we try to deal with behavior issues before they snowball. We have developed a four-strike system of consequences for inappropriate behavior. It is used when a child has gone beyond acceptable limits.

1. Strike One: Child gets a warning.
2. Strike Two: Child sits out of a session and has a disciplinary meeting with the Alton Jones Coordinator.
3. Strike Three: The Coordinator calls home to communicate the child's behavior. The parent speaks with the child.
4. Strike Four: The parent must pick up the child.

The severity of the first offense may warrant a second, third, or fourth strike remedy. This progressive discipline system, combined with positive reinforcement, is designed to put behavior decisions in the child's hands. It is meant to give a camper plenty of chances to change. The goal is to alter negative behavior in order to prevent a child from being sent home.

I know that how I act affects the people around me. I have read and understand this behavior agreement. I know that proper behavior is expected of me and that if I act badly, I could be sent home. I pledge that I will follow the rules and treat others with respect.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

I have read and understand this behavior agreement. I understand that proper behavior is expected and that inappropriate behavior could potentially lead to my child being sent home and that no refund will be given. I understand that in addition to not following rules, a child may be sent home if they are acting or talking about acting in a way that is physically or emotionally unsafe to themselves or others. I understand that the Alton Jones Campus reserves the right to deny access to children who have been disruptive in the past or sent home because of behavior issues. I have discussed this behavior agreement with my child and have impressed upon him/her the importance of following the rules and behaving appropriately.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date