

ERIE METROPARKS

Dear Campers and Parents,

BOARD OF PARK COMMISSIONERS

Troy Wisehart
Margaret M. Murray
Kurt Kresser

EXECUTIVE DIRECTOR

Melissa Price
mprice@eriemetroparks.org

CONTACT

Address:

3910 Perkins Ave.
Huron, OH 44839

Phone:

(419) 625-7783

Email:

behere@eriemetroparks.org

Website:

eriemetroparks.org

We are so excited that you have signed up for Erie MetroParks Nature Camp! We are busy with final preparations to ensure that you have a great time at camp. With that in mind, there are a few things we need from you.

Enclosed you will find an Emergency Medical Form and Photo Release Form. Please fill out and return the Emergency Medical Form and Photo Release Form by **May 1, 2026**. These **must be completed and returned otherwise your child will not be permitted to attend camp**. Send completed forms to either of the following:

- behere@eriemetroparks.org
- Mail: Erie MetroParks: ATTN Cheryl Kilmer, 3910 Perkins Ave, Huron, OH 44839
- Drop off at the Roger Johnson Nature Center at Osborn MetroPark
 - o Hours are M-F 10a.m.-4p.m.

Please refer to this letter for important information regarding camp policies.

- Campers must be able to perform everyday living skills to attend camp. You must notify EMP of any disabilities, conditions or situations **before** camper is dropped off.
- Erie MetroParks is **not** authorized to dispense any medications.
- In case of emergency, Erie MetroParks will make every effort to contact you if your child becomes ill or has an accident. MetroParks staff will take appropriate action as authorized by the Emergency Medical Form. An Incident Report will be completed, and you will be asked to review the report that day.
- No refunds will be given for Nature Camp.
- Please notify Erie MetroParks staff by 8:30 a.m. if your child will not be at camp. 419-625-7783 x231

Birmingham School MetroPark • Castalia Quarry MetroPark • The Coupling MetroPark
East Sandusky Bay MetroPark • Edison Woods MetroPark • Hoffman Forest MetroPark
Huron River Path MetroPark • Osborn MetroPark • Milan Towpath MetroPark
Wakefield MetroPark • Thomas Williams MetroPark



ERIE METROPARKS

Behavior:

Campers must always behave appropriately. If your child repeatedly misbehaves, an Erie MetroParks employee will speak with you at the end of the day. After returning to the office the employee will fill out an Incident Report. If 3 Incident Reports are filed for a camper, that child will be dismissed from all camps that summer to maintain a quality experience for other campers. No refund will be given.

What to bring to camp:

- Water bottle labeled with camper's name.
- Packed lunch labeled with camper's name.
 - Lunch is provided on Thursdays. If you feel your child will not eat the lunch provided at camp, please send a lunch from home.
- On water days, be sure to bring a towel and extra clothes. Please send campers in clothes and shoes that can get wet. This will be specified on the description of the camp.

Camp attire:

- Please ensure campers are dressed appropriately for the weather. Send in comfortable clothes for playing and running in.
- Wear close-toed shoes. Flip flops are **not** permitted!
- Sunscreen and bug spray should be applied **before** arrival. Erie MetroParks staff will provide sunscreen and bug spray to reapply as needed throughout the day unless specified on the emergency medical forms.
- Electronics such as cell phones and tablets are **not** permitted.

Camper Sign in/Sign Out

- An **authorized adult** is required to sign in and out campers each day of camp.
- Camp begins at 9:00 a.m., please arrive promptly as Erie MetroParks staff has a lot of fun planned.
- Camp ends at 3:00 p.m. A \$15.00 fee may be charged if campers are picked up more than 15 minutes after expected pick up time.

For any questions, please reach out to Erie MetroParks: 419-625-7783 ext. 221
For detailed descriptions of camps please visit eriemetroparks.org/camp.

See you this summer!
Erie MetroParks Program Staff



EMERGENCY MEDICAL INFO



PRIMARY CONTACT

Child's Name:	.....	Date of Birth:	.....
Surname:	.....	
Age:	.....	Gender:	.....
		Grade Completed:	.....
		<i>as of 06/20</i>	<i>6</i>
Full Address:	.....	
Parent(s)/ Legal Guardian Name:	.....	
Phone Number:	.....	Email Address:	.....

Authorization to SIGN OUT/PICK UP above named child

For their safety, children are signed in and out of camps. Please list below the name and address of anyone other than yourself who you authorize to pick up and sign out your child from Erie MetroParks Nature Camp. Your child will be released only to authorized persons. You must notify the office in advance of any changes.

Name of Authorized Adult:	Daytime Phone Number:
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ACKNOWLEDGEMENTS

I am aware of the content of the Erie MetroParks Nature Camp Program. I understand my child must be able to follow all rules, instructions and policies required at camp. I understand that some risk of physical injury accompanies participation in the program. Camper must be able to perform everyday living skills* to attend camp

Signature of parent/legal guardian

* Everyday living skills: ability to use the bathroom, eat and wash independently, etc.

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EMERGENCY MEDICAL INFO

Erie MetroParks Emergency Medical Care Authorization Consent for Treatment of a Minor

Please fill in and complete the information below. List a minimum of two (2) people we may call in the event of an emergency if above listed parent/guardian cannot be reached. These designated individuals also have permission to pick up your child from camp.

SECONDARY CONTACT

Name of First Authorized Adult:	Daytime Phone Number:
Relationship to the Child:	
Name of Second Authorized Adult:	Daytime Phone Number:
Relationship to the Child:	

ADDITIONAL MEDICAL INFORMATION

Physical or Mental Impairments:

List of Any Allergies:

Medication Being Taken:

Child's Weight

Disabilities, conditions, or situations we should be aware of?
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.....
.....

Camper must be able to perform everyday living skills* to attend camp

* Everyday living skills: ability to use the bathroom, eat and wash independently, etc.

EMERGENCY MEDICAL INFO

Consent of Treatment

Read Part 1 or Part 2 below, and choose either the consent of treatment or refuse the consent of treatment. Then sign and date.

PART 1

Erie MetroParks will make every reasonable effort to contact the parent(s) or guardian of a child left in our care, before authorizing any medical treatment. In the event reasonable attempts to contact persons listed above are unsuccessful, I the undersigned parent or legal guardian of the named minor, give my consent for emergency medical treatment of my child, and do hereby authorize Erie MetroParks personnel to use their own judgment in sending my child to a hospital or to the doctor most quickly available.

I AGREE TO CONSENT

PART 2

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment I wish Erie MetroParks authorities to take the following action:

.....
.....
.....
.....

I REFUSE TO CONSENT

Signature of parent/legal guardian

Today's Date:

ERIE METROPARKS
3910 PERKINS AVE.
HURON, OHIO 44839

Phone: (419) 625-7783 ext. 221
Email: behere@eriemetroparks.org

MINOR PHOTO RELEASE



In consideration for participation in Erie MetroParks recreational programs, Erie MetroParks has my permission to use my or my child's photograph(s) and video(s) publicly to promote the park district. I understand that the images may be used in print publications, online publications, presentations, websites, and social media on behalf of Erie MetroParks. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I hereby hold harmless, release, and forever discharge Erie MetroParks from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, assigns or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization.

RELEASE

Child's Name:

Parent(s)/ Legal Guardian Name:

Parent/Gurdian's Address

Parent/Guardian's Phone Number:

Parent/Guardian's Signature

Date:

NOTE: This Minor Photo Release and the information contained herein are not subject to public records disclosure, pursuant to Ohio R. C. §149.43(A)(1)(r).

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I hereby hold harmless, release, and forever discharge Erie MetroParks from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, assigns or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization.

RELEASE

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Parent/Gurdian's Address

Parent/Guardian's Phone Number:

Parent/Guardian's Signature

Date:

NOTE: This Minor Photo Release and the information contained herein are not subject to public records disclosure, pursuant to Ohio R. C. §149.43(A)(1)(r).

CAMPER SURVEY

Camper's Name:

What are your camper's strongest qualities?

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Does your camper have any unusual or intense fears? If so, what are they?

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Does your camper have any behavior or socialization challenges we should be aware of? *(peer difficulties, temper tantrums, running away, sensitivity, shyness, difficulty following instructions, working in groups, etc...)*

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Any food allergies, food concerns, or eating habits to be aware of?

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CAMPER SURVEY

Are there any environmental allergies we should be aware of?

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What is most important to you that your camper experiences or accomplishes at Nature Camp? *(i.e. education, friendship, being active)*

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Tell us anything else you'd like your camper's counselor to know. Feel free to attach an extra page if needed.

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