



# Farm in the Garden Camp Enrollment Package

Dear Parents and/or Guardians,

Welcome to Farm in the Garden Camp at Berkshire Botanical Garden!

This summer promises to provide campers with a truly authentic farm and garden experience with chickens to feed, seeds to be planted, angora rabbits for our fiber arts activities, and so much more! And as always, we'll be eating the fruits of our labor and sharing it with our farm camp friends and family at our Thursday Family Farmers Market and with the campers at our Friday Harvest Feast. Our website at [www.berkshirebotanical.org](http://www.berkshirebotanical.org) will provide you with information about a day at camp, what to bring, and when to arrive and pick up your camper. Our Facebook page is our way of connecting with you throughout your camper's week on the farm. Please find us and check out the pictures of campers at work and maybe discover some new recipes and activities for you to do at home.

As many of our tasks will be hands-on, it is necessary that the children come in clothing that you don't mind getting dirty. Proper footwear is essential too, so please send your child with shoes that can be comfortable on hot days as well as being suitable for farm work – closed toed shoes only!

Like all farmers, we will get pretty hungry and thirsty as we go about our daily chores; please send your child with a hearty nutritious lunch, a snack for mid-morning, as well as a water bottle clearly labeled with your child's name. Part of each day will be spent cooling off in water games and play, please make sure that your child comes with a swimsuit and towel.

Enclosed you will find an enrollment form, a waiver, and a physician form that we ask you to fill out for each child attending the program; this is essential information that we need to have on file before camp begins - state law mandates that no child may attend camp without these forms having been signed by the child's physician and parent/guardian. Also, to ensure your child's placement in the program, all balances are due by June 15th. Please send all forms and your balance due to:

TFEC at Farm in the Garden Camp  
Berkshire Botanical Garden  
Box 826  
Stockbridge MA 01262

If you have any further questions, please do not hesitate to contact us.

We look forward to seeing your child on the farm!

Sincerely,

Elisabeth Cary  
Judy Boschetti  
Hope Guardenier  
Alya Stoffer-Koloszyc  
Meg Taylor

Berkshire Botanical Garden – The Farm Education Collaborative

[www.berkshirebotanical.org](http://www.berkshirebotanical.org) | [ecary@berkshirebotanical.org](mailto:ecary@berkshirebotanical.org) | 413 298-3926

FARM IN THE GARDEN CAMP AT BERKSHIRE BOTANICAL GARDEN ENROLLMENT FORM

Camper Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_

Sibling(s) attending camp: \_\_\_\_\_  
Grade entering in September: \_\_\_\_\_ School: \_\_\_\_\_

Returning Camper: yes/no  
How did you learn about Farm in the Garden Camp?  
Friend School Flyer Newspaper Internet Other \_\_\_\_\_

Session(s): \_\_\_\_\_

Parent/Guardian Information:

□ Parent/Guardian Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Hours at work: \_\_\_\_\_

□ Parent/Guardian Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Hours at work: \_\_\_\_\_

Additional Information

Please list any special interests your child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like us to know about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Media Release

While your child is at the Farm in the Garden Camp at Berkshire Botanical Garden, he or she may be filmed, interviewed and/or photographed for media coverage and/or Farm in the Garden Camp promotional materials. Please indicate your permission for filming, interviews and/or photographs.

My child, \_\_\_\_\_, has permission to be filmed, interviewed, and/or photographed.  
My child, \_\_\_\_\_, does not have permission to be filmed, interviewed, and/or photographed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

FARM IN THE GARDEN CAMP AT BERKSHIRE BOTANICAL GARDEN  
MEDICAL INFORMATION SHEET

Child Name: \_\_\_\_\_

Child's physician/Clinic: \_\_\_\_\_

Name	Address	Phone
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Has your child had any injuries, operations or illnesses within the last year: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child take medication on a regular basis? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

If your child will be taking prescription OR over-the-counter medication while at camp, you must provide a signed physician's order with detailed instructions before camp begins.

Does your child have any physical/emotional problems that could prevent him/her from full participation in the Farm in the Garden Camp at Berkshire Botanical Garden? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child subject to: (please check all that apply)

frequent colds \_\_\_\_\_ fainting spells \_\_\_\_\_ vomiting \_\_\_\_\_

sore throats \_\_\_\_\_ headaches \_\_\_\_\_ ear aches \_\_\_\_\_

tonsillitis \_\_\_\_\_ allergies \_\_\_\_\_ sinus infections \_\_\_\_\_

Does your child have a history of any other medical condition such as, but not limited to, the following:

diabetes \_\_\_\_\_ asthma \_\_\_\_\_ knee problems \_\_\_\_\_

head injury \_\_\_\_\_ concussion \_\_\_\_\_ cardiac problem \_\_\_\_\_

seizures \_\_\_\_\_ dislocations \_\_\_\_\_ other (please describe) \_\_\_\_\_

Does your child have any limitations (hearing loss, sight problems, learning disabilities, etc) that would impair his/her ability to receive information, follow directions, or participate in the program activities?

yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain, as this will assist us to better serve your child's needs:

Does your child have any allergies to any type(s) of medication, foods, insect bites, etc? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Has your child ever been stung by a bee? yes \_\_\_\_\_ once \_\_\_\_\_ more than once \_\_\_\_\_ no \_\_\_\_\_ unsure \_\_\_\_\_

Does your child carry an EPI-pen? yes \_\_\_\_\_ no \_\_\_\_\_

Is it okay to give your child over the counter medications, including but not limited to Bentadine, Benadryl, Bacitracin, Calamine Lotion, and Sunscreen Lotion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes; any OTC restrictions? \_\_\_\_\_

To the best of my knowledge this healthy history is correct and complete. The participant has permission to engage in all prescribed camp activities except as noted. Throughout the summer, I will notify you to make any changes to update my child's records.

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

FARM IN THE GARDEN CAMP AT BERKSHIRE BOTANICAL GARDEN  
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize the Farm in the Garden Camp Staff to make emergency arrangements to transport my child to the nearest medical care facility and secure necessary medical treatment for my child. I consent to the rendering of all necessary treatment, including admission to a hospital or another appropriate health care facility, in such institutions and at such places as Berkshire Botanical Garden and The Farm Education Collaborative acting through its agents, deems best, and I accept full financial responsibility of the expense. I authorize the agents or employees of Berkshire Botanical Garden and The Farm Education Collaborative to execute whatever forms might be necessary to ensure complete and adequate care of my child.

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

Child's physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contacts (in order to be contacted)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PICK UP INFORMATION & AUTHORIZATION

*The Farm in the Garden Camp at Berkshire Botanical Garden ends promptly at 3 pm. Please make sure that your child is picked up at 3 pm.*

I give permission for my child to be released to/picked up by the following people. If no one other than a parent/guardian is authorized, please indicate below by writing "NO ONE."

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE FOLLOWING SIGNATURE IS REQUIRED FOR YOUR CHILD'S ENROLLMENT IN FARM IN THE GARDEN CAMP AT BERKSHIRE BOTANICAL GARDEN

The safety and well-being of each participant is of paramount importance to staff of Berkshire Botanical Garden and The Farm Education Collaborative. All reasonable care and precautions are taken to ensure that a fun, community-building experience takes place. The following acknowledgement of risk, release of liability, and statement of completeness are important sections for you to read and understand before your child arrives at camp. Please read, sign and date this agreement as confirmation that you agree with the following terms and conditions and that you have voluntarily chosen to participate and enroll your child in the program.

**Acknowledgement of Risk**

I understand that Farm in the Garden Camp take place at Berkshire Botanical Garden. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: cooking, fire building, use of tools, gardening, and doing animal chores. These activities can cause personal injury, property damage, illness or death.

**Assumption of Liability**

In recognition of the potential hazards outlined above, I, on behalf of myself, my child, and my assigns, do hereby release Berkshire Botanical Garden, its employees, agents, and assigns and The Farm Education Collaborative, its employees, agents, and assigns, of and from any and all liability, causes of action, claims, and demands of every kind and nature whatsoever arising out of my child's participation in Farm in the Garden Camp, including but not limited to any claim arising out of the conditions of the premises, the operations of the program, the acts or omissions of Berkshire Botanical Garden's employees and agents or Education Farm Collaborative employees and agents, or any other negligence. I further agree to indemnify and hold harmless Berkshire Botanical Garden, and its employees and agents, and The Farm Education Collaborative employees and agents, for and from any damages, including reasonable attorneys' fees and costs, incurred in connection with my child's participation in Farm in the Garden Camp.

**Statement of Completeness**

All of the information on the enrollment forms is confidential and will be shared only with the appropriate staff at Farm in the Garden Camp. Farm in the Garden Camp is not a "special needs program" but is open to campers with a variety of physical, mental or emotional conditions. Although we do not guarantee having staff with special needs training, we will do our best to provide a successful experience for all campers. In order to provide such successful experiences, however, it is essential that we be made aware of any such physical, mental, or emotional condition that would affect the safety of the applicant, other participants, or the staff, and of any reasonable modifications necessary to ensure such safety. In some cases, parents may be asked to hire a one-on-one aide for their child.

I acknowledge that the information provided on the enrollment forms and on the medical forms, with respect to my child's physical, mental or emotional conditions is complete and accurate. I understand that, if I have failed to make a complete and accurate disclosure, and if my child's undisclosed physical, mental or emotional condition adversely affects the safety of my child, other participants, or the staff of Berkshire Botanical Garden and The Farm Education Collaborative, my child may be asked to leave the Farm in the Garden Camp and I will receive no refund of tuition.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under Massachusetts law and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

Farm in the Garden Camp At Berkshire Botanical Garden  
Physician's Medical Form

The Commonwealth of Massachusetts Law requires that all students attending Summer Camp have a Physician Examination prior to attendance. Please have your physician complete this form.

This section is to be completed by the parent/guardian

Name of Program: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Parent/guardian: \_\_\_\_\_

Home telephone: (      ) \_\_\_\_\_ Work Telephone: (      ) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: (      ) \_\_\_\_\_

If the child brings prescription medicine from home, written authorization must be submitted by parent or guardian to administer the medication:

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

This section to be completed by the physician:

Health History

Please give month/year and type of immunization or occurrence of clinical disease:

Small Pox: _____	Measles: _____	Typhoid: _____
Diphtheria: _____	German Measles: _____	B/Test: _____
Polio: _____	Mumps: _____	Pertussis: _____
Tetanus: _____	Influenza: _____	Poliomyelitis: _____
Rubella: _____	Chest: _____	Other: _____

Medications camper is currently taking: \_\_\_\_\_

List any allergies to drugs: \_\_\_\_\_

Please note all past medical history on the list below along with the dates of occurrence

	Yes	Mth/yr		Yes	Mth/yr
Chicken Pox	_____	_____	Stomach Disorders	_____	_____
Measles	_____	_____	German measles	_____	_____
Whooping Cough	_____	_____	Mumps	_____	_____
Asthma/Hay Fever	_____	_____	Anemia	_____	_____
Diabetes	_____	_____	Concussion	_____	_____
Mononucleosis	_____	_____	Eczema	_____	_____
Pneumonia	_____	_____	Ear Infection	_____	_____
Rheumatic Fever	_____	_____	Epilepsy	_____	_____
Scarlet Fever	_____	_____	Fainting	_____	_____
Sinusitis	_____	_____	Heart Disease	_____	_____
Tonsillitis	_____	_____	Hepatitis	_____	_____
Kidney Disease	_____	_____	Hernia	_____	_____
Migraine	_____	_____	Tuberculosis	_____	_____
Venereal Disease	_____	_____			

Operations:

\_\_\_\_\_  
 \_\_\_\_\_

Injuries:

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Today's date: \_\_\_\_\_ Age: \_\_\_\_\_ General Appearance: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

DESCRIBE ANY VARIATIONS FROM THE NORM

N-Normal

V-Variation

Teeth:	_____	Heart:	_____
Chest X-Ray:	_____	Eyes:	_____
Blood Pressure:	_____	GI Systems:	_____
Abdomen:	_____	Pulse:	_____
Extremities:	_____	Skin:	_____
Glands:	_____	Scalp:	_____
Lungs:	_____	Ears:	_____

I have examined this child and believe that he/she is physically able to participate in all camp activities except:

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\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date