



7026 South Billings Blvd / Billings, MT 59101
406-294-5099 www.mtaudubon.org

Drop-off Programming Information for Parents

Thank you for registering your child for a program at the Audubon Center!

Please bring with you:

- The Parental Consent Form (below) as well as any remaining payment due for registration. The Parental Consent Form indicates acknowledgement of the risks associated with outdoor programming, permission to administer basic first aid, photo release information, and names of individuals authorized to pick up your child/children.
- If your child has any medical or behavioral concerns we should know about, please discuss with staff before the program and/or at check-in. If your child needs an **inhaler, epi-pen, or other medications (either regularly administered or for emergencies)**, please discuss with staff at check-in. **Staff will carry all medications at all times and administer as needed. If medication is administered, staff will record date and time.**

Injuries and accidents protocol

In the case of a serious injury, our first priority is the health and safety of the child, including the notification of parents as soon as possible. If the injury is relatively minor, staff will administer appropriate first-aid and inform parents at the end of the day.

Please send with your child (if event is multiple days, the following is true for every day):

Exploring nature is a dirty job. Please dress your child in play clothes. More than one layer works best to accommodate for changes in weather and activity level. **We will get muddy and wet**, even in the best of weather, we promise. We require that children wear **closed-toe shoes or sturdy sandals or boots - no flip-flops**. Please apply sunscreen and insect repellent if desired *prior to* arrival on site.

A small daypack or backpack with the following:

- A snack (or two)
- 1-2 water bottles (can refill on site)
- Appropriate **clothing** for the weather (hats, jackets, etc...dress in layers!)
- **Closed-toe shoes**
- **Sack lunch** (if all-day program).
- **Sunscreen and/or bug repellent** (Staff keep a reserve of sunscreen/bug spray to be used in special situations only)

Pick up and drop off:

Please drop off and pick up your child **on time**. Drop-off, pick-up, and check-in will happen near the big parking lot in the fields. For the safety of all campers, please **do not drive** past the tables unless you require handicapped parking or have made arrangements with the staff.

Directions:

We are located at 7026 South Billings Boulevard, ¼ mile south of I-90 and on the same access road as the Norm's Island trailhead. **Turn right** after the Montana Audubon Center sign into our main parking lot. Check-in is in the field/pavilion.



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Health and Safety

Our main goal is to protect our program participants and staff. Please be considerate of the health of your child and other participants when making the decision to attend a program. If any participants or Montana Audubon Center staff test positive for COVID-19 during your child's program, Montana Audubon Center will take appropriate measures to communicate with parents/guardians to ensure the safety of those exposed.

Participants should NOT attend if they are exhibiting any the following symptoms:

- Fever of 100.4 +
- Nausea/vomiting
- Diarrhea
- Loss of taste or smell
- New, unexplained, persistent cough

A full refund will be offered for participants that acquire a doctor's note/proof of illness.



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Parent/Guardian Consent Form

Part 1 -- Medical Treatment

Permission is given to any available duly licensed Doctor of Medicine or member of hospital medical staff to perform emergency treatment under whatever conditions are necessary to preserve the life, limb, or well-being of:

(List child names): _____

as the physician deems necessary and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to one of the local hospitals if the attending physician deems it necessary. Initial here: _____. Preferred doctor/hospital: _____

Permission is given to apply bug spray, sunscreen, alcohol wipes, and antibiotic ointment. I have notified staff of any allergies to the before-mentioned list. Initial here: _____

Part 2 -- Release of Liability and Use of Image

In consideration of myself and/or my child being permitted to participate in this Montana Audubon Event/Activity, I represent that I do, on behalf of myself and/or my child:

- 1.) I acknowledge and agree that I **fully understand the nature of this activity/event** and that I am, and/or my child is, qualified and in good health and physical condition to participate in the activity.
- 2.) I **fully understand that (a) Montana Audubon activities involve risk** and dangers of serious bodily injury, (b) these risks and dangers may be caused by my own, or my child's, actions or inactions, the actions/inactions of other participating in the activity, and/or the condition of which the activity takes place.
- 3.) I **hereby agree for myself and/or my child, to release** Montana Audubon -- its administrators, directors, members, volunteers, employees, officers, agents, any sponsors, advertisers, owners and lessors of premises and property on which the activity takes place -- from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- 4.) I **hereby grant permission to Montana Audubon to reproduce my and/or my child's appearance, name, likeness, voice and biographical information** in connection with the event/activity in any and all manners, including promotional materials, and in any and all media throughout the world and in perpetuity.

*If you do NOT agree to this photo release section please indicate that here: _____

I **fully accept and assume all risks and responsibility** for losses, costs, damages that I or my child incur as a result of my or my child's participation in this activity. My signature signifies that I fully understand and agree to be bound by this Release & Waiver Agreement, for myself or for my underage child.

Signature: _____ Date: _____

Print Name: _____

Part 3 -- Authorized Pickup

For the safety of your child/children we ask that you list the names, relation, and contact numbers of each person that is authorized to pick up your child from the program each day. Only those on this list will be allowed to pick up children.

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____