

Farm and Garden Camp Application July 6 - 10, 2015

Come grow with us!



How to submit your application:

Make checks payable to the Red Lodge Area Food Partnership Council

Turn in completed applications + fee:

Drop off folder in the entryway at the Community Foundation, or drop off applications at the front desk of Mountain View Elementary

or, Mail completed applications + fee to:

Emma Fernandez
Red Lodge Area Food Partnership Council
P.O. Box 1604
Red Lodge, MT 59068



For more information, contact Emma Fernandez at emma.fernandez@foodcorps.org or 202.744.7959

Red Lodge Area
Food Partnership Council

About Farm and Garden Camp

Farm and Garden Camp participants will plant, harvest, and tend the Youth Garden, enjoy a healthy lunch, and visit local farms to learn about sustainable agriculture. Activities will incorporate scientific, nutritional, and economic concepts, while providing outlets that encourage creativity and imagination. Camp is open to students entering grades 1-5.

Cost of the camp is \$75 for the week; includes five full days with lunch and transportation. Make checks payable to Red Lodge Area Food Partnership Council. Financial assistance may be available through the Community Foundation's Youth Enrichment Grants – visit their website or stop by for more information.

Sample Daily Schedule

9:00-9:45am

Campers participate in introductory activity/ game in the Youth Garden.

9:45-10:15am

Activity/ lesson on topics that could include soil, plant parts, composting, the water cycle, beneficial insects, and more. Guest visitors will present on specialties.

10:15-11:00am

Work in the garden! Water, plant, harvest, weed, and tend the Youth Garden.

11:00-12:30pm

Campers work on a cooking or art project before lunch, then sit down to enjoy a delicious healthy meal together.

12:30-1:15pm

Campers travel over to local farms and ranches for afternoon activities. Transportation provided by Red Lodge school buses and drivers.

1:30-3:15pm

Campers will learn about growing vegetables, livestock, and farm operations to gain an understanding of how food is produced, from seed to plate.

3:15-4:00pm

Campers will travel back to Red Lodge and be picked up at 4pm in the Garden. If activities run late, parents will be notified well in advance.

2014 Farm and Garden Camp

This form is to be completed by parent/guardian

Questions? Contact Emma Fernandez, emma.fernandez@foodcorps.org, 202.744.7959

Camper's Name _____

Age: _____ Entering grade: _____ Male _____ Female _____

Parent/Guardian's Name: _____

Street Address: _____

Mailing Address (if different): _____

City , State, Zip: _____

Home phone _____ Cell phone _____

Work phone _____ Other _____

Email Address: _____

Emergency Contact (other than household): _____

Phone number(s): _____

Relationship: _____

Please describe your child's current level of physical activity:

What do you hope your child will gain from participating in this camp:

Financial Assistance: The fee for the weeklong camp is \$75. Contact the Community Foundation or the Food Partnership Council if financial assistance is needed.

Insurance: It is the responsibility of every individual, his/her parent or legal guardian, to provide for their own accident and health coverage while participating in the Farm and Garden Camp.

Photo Permission: I give permission for the Red Lodge Area Food Partnership Council and FoodCorps to use pictures of my child for promotional purposes related to the Camp.

Risk of Activity: Recognizing that the staff of the Farm and Garden Camp will do their best to ensure a safe experience, I understand that accidents can occur from my child's participation in outdoor activities.

Signature of parent or legal guardian:

_____ Date _____

2014 Farm and Garden Camp Medical Information

This form is to be filled out by campers and their parents:

Please provide complete information so that the staff can be aware of your child's needs. Campers will be in remote areas and it's important that staff is well informed about each participant. Any changes to this form should be submitted to camp personnel upon the participant's arrival at camp.

Camper's Full Name _____

Parents'/Guardians' Full Name _____

Liability Release:

Important—This item must be completed for attendance.

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless the Red Lodge Area Food Partnership Council, its staff and appointed assistants. I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Parent/Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Farm and Garden Camp staff and volunteers to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

Signature of parent or guardian:

Date:

Printed Name

Physician Information:

Camper's physician: _____

Physician's phone: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____

Group#: _____

Carrier address: _____

Name of insured: _____

Relationship to participant: _____

Policy holder or Insurance ID number: _____

Medical Information:

Special needs– List any which the staff should be aware of (medical, emotional, learning)

Allergies: Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.) List all known:

Describe reaction and management of the reaction:

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

Medications:

Please list ALL medications (including over-the counter or nonprescription drugs) taken routinely.

Check one:

- The Camper takes NO medications on a routine basis.

- The Camper takes medications regularly, (further forms will be provided for detailed information).

Health History (Explain "yes" answers below)

Has/does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?	___	___
2. Ever had a head injury?	___	___
3. Ever had seizures?	___	___
4. Have diabetes?	___	___
5. Have asthma?	___	___

Please explain "yes" answers, noting the number of questions: