Thanks for your interest in the Young Naturalist Program. This year’s schedule is shown below with the date, time, and likely topic of each month’s program. We are very excited about the upcoming year of this popular program. As in the past, we will be meeting at the Environmental Interpretive Center for all programs.

Below you will find the following:

**Program Schedule**

Our limit is 30 children for the program year. We ask that the **Registration Form** be submitted and the **Personal Health/Medical Form** be returned to us with payment as soon as possible to save your child’s place in the program. The cost of this year’s program is $70.00. Please make your check **payable to UM-Dearborn**.

The fee helps defer the cost of the **materials your child will be receiving**. These items should be brought to each session:

- Field Journal
- Insect Identification Guide
- Pond Guide
- Bird Identification Guide
- Hand Lens
- Pack to carry equipment

As you will discover at the first program we spend 90% of our time outdoors exploring the Natural Area. The Children must be prepared with proper attire for the weather and the activities we will be involved in.

A few suggestions of **things your children should bring** are:

- Enclosed shoes or boots made for walking, cold or wet conditions (no sandals)
- Water for use on the trail
- Sun-screen lotion
- Mosquito repellent may be necessary during some times of the year (May- Aug)
- Hats keep you cooler in the sun and warmer in cool weather.
- A positive “sense of wonder” about the natural world

Thank you for your interest in the Young Naturalist Program. Parents are welcome to join the group for any session. Participants are allowed to bring a guest (friend) to one session during the year. If you have any questions, concerns, or comments feel free to call or stop by the Environmental Interpretive Center (593-5338).

Sincerely,

Environmental Interpretive Center Staff
Personal Health Information and Medical Authorization Form

Child’s Name ________________________________________________________________

Does your child have any specific physical or health problems, which we should be aware of? Please check any that may apply.

_____ asthma          _____ hepatitis
_____ cardiac          _____ headaches
_____ hemophilia       _____ convulsive disorders
_____ orthopedic        _____ severe allergies
_____ seizures          _____ bee sting allergy
_____ anemia           _____ other

Is your child under medical care for any of the above conditions?     _____ No     _____ Yes
If yes, please specify ____________________________________________________________

Doctor’s name __________________________ Phone ________________________

Date of last tetanus inoculation: ____________________________

Does your child take prescribed medication?     _____ No     _____ Yes
If yes, specify: __________________________________________________________________

Can your child administer it him/herself?     No _____  Yes _____

Does your child wear prescription glasses?    No _____  Yes _____

Additional comments regarding your child’s health which you feel we should be aware of:

_____________________________________________________________________________________

________________________________________________________________________

Important:
This form must be completed by the child’s parent(s) or legal guardian(s) and returned with registration materials.

Medical Authorization
In the unlikely event a child is injured, emergency medical services will be provided by: Henry Ford Fairlane Center Hospital; Dearborn, Michigan. To permit treatment of injuries, the following authorization must be signed and dated by a parent or legal guardian.

In an emergency, I hereby give permission for my child ___________________ to be examined by licensed medical personnel. Also, I give permission to the licensed physician to administer proper medical treatment to my child in an emergency. In addition, I give the Environmental Interpretive Center staff permission to advise the hospital of my/our medical insurance information at the time of treatment.

My/our health insurance provider is: ____________________________
The contract or group policy number is: ____________________________

Disclaimer of Liability
The University of Michigan-Dearborn, the Environmental Interpretive Center, and their employees do not assume liability for any injuries incurred during the program. The parents/guardians agree to release them from such liability. Furthermore, the University of Michigan-Dearborn does not provide accident or health insurance for program participants. Parents/guardians should contact their own insurance carriers to verify and/or obtain medical coverage for their children participating in the program.

Signature of parent or legal guardian     Date
## 2013/2014 Young Naturalists Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, October 12</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Friday, November 8</td>
<td>6 – 9 pm</td>
<td></td>
</tr>
<tr>
<td>Saturday, December 7</td>
<td>9:30 am – noon</td>
<td>Owls</td>
</tr>
<tr>
<td>Saturday, January 11</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Saturday, February 15</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Saturday, March 8</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Saturday, April 26</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Saturday, May 10</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
<tr>
<td>Saturday, June 7</td>
<td>9:30 am – noon</td>
<td></td>
</tr>
</tbody>
</table>

All Programs begin at the Environmental Interpretive Center