**HAWK MOUNTAIN SANCTUARY**

**SUMMER CAMP 2022 (“PROGRAM ACTIVITY”)**

***PARENT/GUARDIAN BEHAVIORAL AND SICKNESS POLICY AGREEMENT***

***Must be completed and returned to Hawk Mountain Sanctuary two weeks prior to the start of the Program Activity***

**Behavioral Policy**

 Our primary concern at Hawk Mountain Sanctuary is to provide a safe, nurturing, and stimulating environment for all the children, all of the time. It will be impossible for us to work one-on-one with children who have behavioral problems. Therefore, we have designed a behavioral policy that outlines how we will handle disruptive/aggressive behavior:

1. If there is an incident, the parent will be informed. We will work together to determine the cause and solution.
2. If there are two incidents, a parent/child or guardian/child meeting will be held with the camp director.
3. If the behavior cannot be controlled within a reasonable amount of time, the child will be dismissed. There will be no refund. The camp director will be the sole judge of what constitutes a reasonable length of time.

This policy represents our best efforts to protect children with behavioral problems, their families, other children, and our staff.

**Sickness Policy**

 In case of sickness, I wish my child to be held at Hawk Mountain Sanctuary’s first aid room. In the event of serious illness, I would like him/her to be sent to a reliable hospital. I shall be responsible for charges incurred either through home health and accident insurance, or Medicaid. I am providing Hawk Mountain Sanctuary with the name of the insurance carrier and policy number on the Health History Form. I understand that I will be notified of any illness or accident as soon as possible. **I will personally hand to the camp director any medication my child might need while attending camp**.

 I grant permission for my child to participate in all planned activities in the Program Activity, and I have informed Hawk Mountain Sanctuary of any concerns I have regarding my child’s health.

Furthermore, I am aware of the highly contagious nature of the novel Coronavirus/COVID-19 (the “Disease”) and the risk that my child, myself, and other persons may be exposed to or contract the Disease by my child’s participation in the Program Activity. Further, I am aware that attending the Program could increase my child’s and my risk of contracting the Disease. I also understand and acknowledge that such exposure or infection may result in illness, personal injury, permanent disability, death, or property damages to my child, myself, or other persons.

I am familiar with federal, state, and local laws, orders, directives, and guidelines related to the Disease, including the Centers for Disease Control and Prevention’s (CDC) and the Pennsylvania Department of Health’s guidance on the Disease. I will comply with all such orders, directives, and guidelines while on or in the facilities and premises where the Program Activity is held.

I also understand that Hawk Mountain Sanctuary has taken certain steps to implement recommended guidance, protocols, policies, and procedures issued by public health agencies (“Policies”). I acknowledge and agree that Hawk Mountain Sanctuary may revise its Policies at any time based on updated recommended guidance and protocols issued by the public health agencies, and I further agree to comply with Hawk Mountain Sanctuary’s Policies at all times.

I understand and agree that neither myself nor my child shall enter the facilities and premises where the Program Activity is held or participate in the Program Activity if myself, my child, or someone living in our household(s): (1) experiences symptoms of the Disease, including but not limited to, fever of 100.4 degrees Fahrenheit or higher, cough, shortness of breath, chills, loss of taste or smell, sore throat, or muscle aches; (2) has a suspected or diagnosed/confirmed case of the Disease; (3) has had close contract (any individual within six (6) feet of an infected person for a total of fifteen (15) minutes or more) with someone who has a suspected or diagnosed/confirmed case of the Disease; or (4) is advised to self-isolate or quarantine. I understand that I play a crucial role in keeping everyone in the Program Activity safe and reducing the risk of exposure by following the practices outlined herein.

 I understand that Hawk Mountain Sanctuary reserves the right to cancel the Program Activity should circumstances make operation impossible or otherwise. *Hawk Mountain Sanctuary also reserves the right to dismiss a participant from the Program Activity*.

**I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PROVISIONS LISTED HEREIN. I ACKNOWLEDGE THAT FAILURE TO ACT IN ACCORDANCE WITH THE PROVISIONS LISTED HEREIN, OR WITH ANY OTHER POLICIES OR PROCEDURES OUTLINED BY THE HAWK MOUNTAIN SANCTUARY WILL RESULT IN THE DISMISSAL OF MY CHILD FROM THE PROGRAM ACTIVITY.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

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

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign this form and return to Hawk Mountain Sanctuary. **Your child cannot attend the Program Activity until we receive all necessary forms. Please return to: Jamie Dawson at** **dawson@hawkmountain.org** **or mail to Jamie Dawson, 1700 Hawk Mountain Rd. Kempton, PA 19529.**