

O'Brien County Conservation Youth Health History Form

Camper Contact Information

Camper's Name: Last _____ First _____

Birth Date: _____ Age: _____ Grade Entering: _____

Address: _____

Guardian

Name: Last _____ First _____

Address: _____

Cell Phone Number: _____ Alternate Phone: _____

Guardian

Name: Last _____ First _____

Address: _____

Cell Phone Number: _____ Alternate Phone: _____

Emergency Contact

Name: Last _____ First _____

Cell Phone Number: _____ Alternate Phone: _____

Camper Health Information

General Physical Health History:

List/Explain any physical conditions that may restrict your child's activities & how best to help your child:

Allergies: Please note if any of the below apply. If indicated, please state if allergy is mild, moderate, or severe AND if the allergy is contact or airborne.

- Animals: _____
- Insect Stings: _____
- Environmental (pollen, trees, mold): _____
- Medications: _____
- Food: _____
- Peanut: _____
- Tree Nut: _____
- Other: _____

Allergic Reaction Action Plan for Your Child:

Parent Authorization

I, the parent/guardian of _____ approve of my child attending
(Child's Name)
the summer day camp program with O'Brien County Conservation Board and participating in the activities planned. I agree that the O'Brien County Conservation Board and the employees shall not be liable for any accidents or claims arising from participation in the outdoor education program.

I, _____, give permission for my child to be
(Parent/Guardian's Name)
photographed/videoed and give O'Brien County Conservation Board permission to use those photographs/videos in advertisement, programs, newspaper, social media, etc.

I agree to allow O'Brien County Conservation Board to send me emails of upcoming education programs using the email address I registered with online: YES NO

Parent/Guardian Signature: _____ **Date:** _____