

Iowa County Conservation Health and Consent Form - For Emergency Treatment

Participant's Name _____ Birth date _____

Address _____

Street address/Apartment number/PO Box/ City Zip

Primary Contact In Case of Emergency: Name: _____

Email: _____ Phone: (Cell) _____ (Home) _____

Relationship to Participant: Parent _____ Guardian _____ Other _____

Secondary Contact In Case of Emergency: _____

Phone: (Cell) _____ (Work) _____ (Home) _____

Relationship to Participant: _____

Family Physician or Clinic _____ Phone _____

Social Security Number (Required by Hospital Emergency) _____

List below any conditions that the ICC staff should know (this is confidential to ICC):

Allergies (explain) _____

Allergic to any drug? _____

Any limiting physical conditions _____

Any special dietary needs _____

Any additional information we should know _____

I understand that first aid will be available, that the members will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the ICC staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician.

Signature of Parent or Guardian _____

I give Iowa County Conservation staff permission to photograph my child for publicity purposes:

Yes ___ No ___

Iowa County Conservation Summer Camp Covid-19 Disclaimer Form

This information is subject to change as CDC and local guidelines change. To protect campers and staff, the following policies and procedures will be in place for 2021 camps:

- Staff will be screened every morning for temperature, household health, and travel.
- Campers who have been exposed to Covid-19 in the past 14 days will not be allowed to attend camp. If a staff member has been exposed, camp will be cancelled.
- Campers that fall into the “at risk category” are discouraged from attending camp.
- Campers with immediate family that are considered “at risk” are discouraged from attending camp.
- We ask that camper’s temperatures are taken at home before leaving for camp each morning.
- Campers with a temperature of 100.4 °F or higher are asked to stay home and not attend camp.
- Campers will be using the open-air picnic shelter instead of the nature center as much as possible.
- We ask that campers bring masks in case activities need to be conducted indoors. We will not require masks while outside, though campers can wear them if they wish.
- Campers will use the indoor bathrooms, which will be sanitized before camp and at the end of the day.
- Wet wipes and hand sanitizer will be used upon arrival, after restroom use, before and after eating, and any other time deemed necessary.
- Campers will largely have their own equipment assigned to them for the week, as to limit sharing materials (dip nets, insect nets, binoculars, field guides, GPS units, collection jars, writing utensils).
- If communal props are required, hands will be cleaned immediately following and equipment will be sanitized.
- Campers must bring a snack with them. Iowa County Conservation will not be providing any food.
- Campers and staff will be asked to social distance to 6 feet or current guideline. We cannot guarantee children will social distance 100% of the time.

I _____, have read the above measures and understand how Iowa County Conservation and its staff will do everything in their ability to mitigate the spread of Covid-19 during all programs and summer camps. I hereby consent to my child(ren) _____ to participate in camp on _____ dates and will hold harmless Iowa County Conservation, their staff, and other program participants if my child/myself/my family members are exposed to or succumb to Covid-19 while voluntarily attending this program.

Signature _____

Date _____