

Clayton CCB  
29862 Osborne Rd  
Elkader IA 52043  
563-245-1516

**JUNIOR NATURALIST PROGRAM  
PERSONAL INFORMATION SHEET**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT'S WORK PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

**Please call ahead if there are any extreme food allergies or restrictions like Peanut Butter so we can prepare in advance if needed. Abbey at 245-1516**

TAKING MEDICATION? YES \_\_\_\_ NO \_\_\_\_

IF YES, WHAT? \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

ANY OTHER IMPORTANT INFORMATION WE SHOULD KNOW: \_\_\_\_\_

IS CHILD COVERED BY ACCIDENT INSURANCE? YES \_\_\_\_ NO \_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_

PHONE \_\_\_\_\_

Do you give the directors of the Junior Naturalist Program the authority to take your child to a physician in the event of an accident? YES \_\_\_\_ NO \_\_\_\_

Do you give permission to use your child's Photo? YES \_\_\_\_ NO \_\_\_\_

I give permission for my son/daughter to attend the Junior Naturalist Program, sponsored by the Clayton County Conservation Board and held at the Osborne Center, and to participate in the full program as it is conducted. I also agree that the County Conservation Board, their sub-divisions, members, and employees shall not be held liable for any accidents or claims rising from participation in the program.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

***THIS FORM MUST ACCOMPANY YOUR CHILD OR  
HE/SHE WILL NOT BE ALLOWED TO REGISTER!***