



Pottawattamie County Conservation KinderNature Camper Information Form

Child's Name: _____

Age on May 1st, 2019: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact's Name (1): _____ Phone Number: _____

Relationship to Child: _____

Emergency Contact's Name (2): _____ Phone Number: _____

Relationship to Child: _____

Allergies, medications, physical limitations, or additional emergency medical information (please include all food restrictions since each camp day includes a snack. Thank you!): _____

Other comments or things we should know about your child (behavior concerns, communication needs, etc): _____

Emergency Release

In the event of an emergency, I give permission for the staff of Pottawattamie County Conservation to administer first aid and/or obtain emergency medical treatment for my child, _____.

I understand that every effort will be made to contact me and/or my emergency contact. I understand that if necessary, this child will be transported by ambulance to the nearest hospital. I agree that any costs incurred for any transportation and/or treatment will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

Media Release

Please check this box if child is not to be photographed

I give permission for the education staff and volunteers of the Pottawattamie county Conservation Board to take picture and/or videos of my child, _____ I understand that these images will be used only for educational purposes and to promote the programs of Pottawattamie County Conservation. They will not be used in a commercial format and may appear in PCCB publication (e.g. newsletters or brochures) as well as on the PCCB website, Facebook pages, or YouTube.

Parent/Guardian Signature: _____ Date: _____