

Pottawattamie Conservation Camper Information Form

Child's Name: _____

Child's Preferred Pronoun: _____

Attending Camps: _____

Grade Entering in the Fall 2020: _____ **Age on May 1, 2020:** _____

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 we should know about your child (behavior concerns, communication needs): _____

Emergency Release

In the event of an emergency, I give permission for the staff of Pottawattamie 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

I give permission for the education staff and volunteers of the Pottawattamie Conservation 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 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, and/or social media accounts including Facebook, Instagram, Twitter, or YouTube.

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

Please check this box if child is **not** to be photographed.

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