



# Medical Information/Release Form 2024 Nature Camps



## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_

## MEDICAL EMERGENCY CONTACT INFORMATION

### Person to Contact First

Name \_\_\_\_\_  
 Relation to Participant \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

### Backup Contact (Relative or Friend)

Name \_\_\_\_\_  
 Relation to Participant \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

## INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance.

- Yes\*\* If yes, provide the following information which is required to expedite treatment and to facilitate the billing process.
- No\* If no, initial this line stating that you do not have health insurance and are aware that Clarke County Conservation does not carry any health insurance for you. \_\_\_\_\_

Policy Holder's (P.H.) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
 P.H.'s Employer's Name/Address \_\_\_\_\_  
 Insurance Company Name \_\_\_\_\_  
 Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

## HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Heart or cardio-vascular problems/disease | <input type="checkbox"/> Migraine headaches                |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Convulsions/seizure                       | <input type="checkbox"/> Other condition(s): (Please list) |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hay Fever                                 | _____  |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Chronic bone, muscle or joint injuries    | _____  |
| <input type="checkbox"/> Ear Infections  |  |  |

Allergies or reactions: (Check all that apply.)

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Aspirin    | <input type="checkbox"/> Peanuts                | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Insect bites or stings | _____                                 |
| <input type="checkbox"/> Dairy      | <input type="checkbox"/> Ivy/oak/sumac toxins   | _____                                 |
| <input type="checkbox"/> Gluten     |   |                                       |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of last tetanus shot (approximate if necessary): \_\_\_\_\_

(over)

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**TO BE READ AND SIGNED BY PARTICIPANT**

**BEHAVIOR EXPECTATIONS OF THE PARTICIPANT**

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

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**TO BE READ AND SIGNED BY PARENT OR GUARDIAN**

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

**MEDICAL EMERGENCY PARENTAL PERMISSION\***

The health history for my child is correct and complete to my knowledge. If a medical EMERGENCY occurs or arises, I hereby give permission to the Clarke County Conservation staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Clarke County Conservation staff or volunteer to secure and administer treatment for my child, including hospitalization.

\_\_\_\_\_initial \_\_\_\_\_date

**PUBLICITY/IMAGE/VOICE PERMISSION**

The Clarke County Conservation Summer Camp Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Clarke County Conservation Summer Camp Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to using you or your child's image or voice in this manner, please notify the adult leader.

\_\_\_\_\_initial \_\_\_\_\_date

**CLARKE COUNTY CONSERVATION ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)**

I give permission for \_\_\_\_\_ to participate in the summer camp program. I understand summer camp project activities/events may involve certain risks of physical activity and possible injury. Clarke County Conservation will provide each participant with reasonable care, but Clarke County Conservation cannot guarantee that my child will remain free of injury. In addition, some camp projects including but not limited to water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the camp program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Clarke County Conservation and their officers and employees (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the summer camp program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian \_\_\_\_\_

Signature Date \_\_\_\_\_

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(Must be signed by the parent or guardian if the participant is under 18 years old)

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