

Health Questionnaire and Medical/Photo Release Form River Bend Nature Center's 2010 Camps

Thank you for enrolling in River Bend Nature Center's Camp program. Please complete this form so we can meet the needs of participants and have a safe, happy session.

Child's Name _____ Male Female Birthdate _____

Parent/Guardian Name _____

Address _____ City _____ State _____

Home Phone _____ Work Phone(s) _____

If parent/guardian cannot be reached in case of emergency, contact:

Name _____ Relationship _____

Home Phone _____ Work Phone(s) _____

Health Questionnaire

Is this child currently taking any medications that we should be aware of? No Yes

If yes, please specify _____

Does this child have any allergies to foods, insects, plants? No Yes

If yes, please specify what child is allergic to _____

Does this child have any history of asthma? No Yes

If yes, does this child use an inhaler? No Yes

If yes, does the child carry and use it independently? _____

Has this child had any recent injuries or illnesses we should be aware of? No Yes

If yes, please specify _____

Does this child have any restrictions on activities? No Yes

If yes, please specify _____

Medical Release / Photograph Release

I, as parent/guardian, give permission for this child to participate in River Bend Nature Center's 2010 Camp program. I understand there are risks involved in outdoor programs and that the naturalist leaders will take reasonable precautions to ensure the safety of this child. I give permission for the staff of River Bend Nature Center to seek and/or administer emergency care for this child if the parent or guardian cannot respond in the event of an emergency.

I hereby give permission to River Bend Nature Center to use photographs, slides, or videos of my child for publicity purposes, public relations, promotional materials and/or newsletters.

Signed (parent/guardian) _____ Date _____