

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

**OSBORNE DAY CAMP 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 563-245-1516

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 Osborne Day Camp 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 Osborne Day Camp 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!***