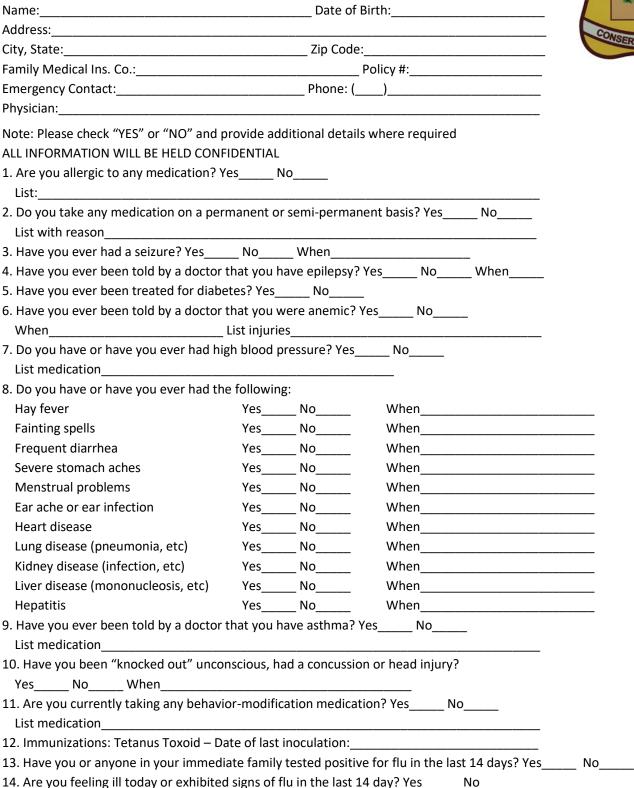
Butler County Conservation Board Medical History Questionnaire



BUTLER COUNTY

CONSERVATION BOARD

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and I understand any intentional omission of a material fact of the Medical History Questionnaire is grounds for dismissal from the programs.

Signature	
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Butler County Conservation Board Camp Parental Authorization and Release Form

Must be completed, signed and returned to Butler CCB by parent/guardian.

Camper Name		
Ides	sire	to go
(Parent/Guardian Name and Relationship)	(Child Name)	
on any and all field trips and participate in any and all a	activities associated with Butler Co	ounty Conservation
Board Camp during the summer of 2026.		
I hereby give permission for medical professional	s to provide emergency services to	o my child if necessary
and agree to hold the Butler County Conservation Boar	rd, staff and their volunteers harm	iless of any said
illness, injury or disease while participating in camp act	tivities.	
I understand that the Butler County Conservation	Board is not financially responsib	le for emergency care
or transportation, and it is my responsibility to inform	conservation staff of all allergies, i	medications or
physical limitations prior to the event.		
By signing this agreement, I understand and agreement	e that my child will abide by the go	eneral rules of
conduct and that violations may result in denial of futu	ire privileges, a forfeiture of fees a	and immediate
removal from the program activities.		
I also give permission for my child to be photogra	phed by Butler County Conservati	ion Board staff or
media to be used for promotional purposes in all medi	a outlets.	
Signature of Guardian	Date	
Emergency Contact Name and Phone #		
Secondary Emergency Contact		
Please list any allergies, medications, physical limitatio allergies for Junior Naturalist Camps).	ns, etc. for this camper (also inclu	de food needs or