**Butler County Conservation Board**

**Medical History Questionnaire**

Name:_____ Date of Birth:_____

Address:_____

City, State:_____ Zip Code:_____

Family Medical Ins. Co.:_____ Policy #:_____

Emergency Contact:_____ Phone: (____)_____

Physician:_____

Note: Please check "YES" or "NO" and provide additional details where required

ALL INFORMATION WILL BE HELD CONFIDENTIAL

1. Are you allergic to any medication? Yes_____ No_____
   List:_____
2. Do you take any medication on a permanent or semi-permanent basis? Yes_____ No_____
   List with reason_____
3. Have you ever had a seizure? Yes_____ No_____ When_____
4. Have you ever been told by a doctor that you have epilepsy? Yes_____ No_____ When_____
5. Have you ever been treated for diabetes? Yes_____ No_____
6. Have you ever been told by a doctor that you were anemic? Yes_____ No_____
   When_____ List injuries_____
7. Do you have or have you ever had high blood pressure? Yes_____ No_____
   List medication_____
8. Do you have or have you ever had the following:

| | | |
|---|---|---|
| Hay fever | Yes_____ No_____ | When_____ |
| Fainting spells | Yes_____ No_____ | When_____ |
| Frequent diarrhea | Yes_____ No_____ | When_____ |
| Severe stomach aches | Yes_____ No_____ | When_____ |
| Menstrual problems | Yes_____ No_____ | When_____ |
| Ear ache or ear infection | Yes_____ No_____ | When_____ |
| Heart disease | Yes_____ No_____ | When_____ |
| Lung disease (pneumonia, etc) | Yes_____ No_____ | When_____ |
| Kidney disease (infection, etc) | Yes_____ No_____ | When_____ |
| Liver disease (mononucleosis, etc) | Yes_____ No_____ | When_____ |
| Hepatitis | Yes_____ No_____ | When_____ |

9. Have you ever been told by a doctor that you have asthma? Yes_____ No_____
   List medication_____
10. Have you been "knocked out" unconscious, had a concussion or head injury?
    Yes_____ No_____ When_____
11. Are you currently taking any behavior-modification medication? Yes_____ No_____
    List medication_____
12. Immunizations: Tetanus Toxoid – Date of last inoculation:_____
13. Have you or anyone in your immediate family tested positive for flu in the last 14 days? Yes_____ No_____
14. Are you feeling ill today or exhibited signs of flu in the last 14 day? Yes_____ No_____

**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_____

# Butler County Conservation Board

# Camp Parental Authorization and Release Form

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

Camper Name _____

I _____desire _____ to go
(Parent/Guardian Name and Relationship) (Child Name)
on any and all field trips and participate in any and all activities associated with Butler County Conservation Board Camp during the summer of 2026.

____ I hereby give permission for medical professionals to provide emergency services to my child if necessary and agree to hold the Butler County Conservation Board, staff and their volunteers harmless of any said illness, injury or disease while participating in camp activities.

____ I understand that the Butler County Conservation Board is not financially responsible for emergency care or transportation, and it is my responsibility to inform conservation staff of all allergies, medications or physical limitations prior to the event.

____ By signing this agreement, I understand and agree that my child will abide by the general rules of conduct and that violations may result in denial of future privileges, a forfeiture of fees and immediate removal from the program activities.

____ I also give permission for my child to be photographed by Butler County Conservation Board staff or media to be used for promotional purposes in all media outlets.

Signature of Guardian _____ Date_____

Emergency Contact Name and Phone # _____

Secondary Emergency Contact _____

Please list any allergies, medications, physical limitations, etc. for this camper (also include food needs or allergies for Junior Naturalist Camps).

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