Iowa County Conservation Health and Consent Form - For Emergency Treatment

Participant's Name_____ Birth date_____

Address_____

Street address/Apartment number/PO Box City Zip

Primary Contact In Case of Emergency: Name: _____

Email:_____ Phone: (Cell)_____(Home)_____

Relationship to Participant: Parent_____ Guardian_____ Other_____

Secondary Contact In Case of Emergency:
_____

Phone: (Cell)_____(Work)_____(Home)_____

Relationship to Participant: _____

Family Physician or Clinic_____Phone_____

Social Security Number (Required by Hospital Emergency) _____

List below any physical conditions that the ICC staff should know (this is confidential to ICC staff):
Medications (name, dose, time, reason) _____
Allergies (explain)_____
Allergic to any drug?_____
Any limiting physical conditions_____
Any special dietary needs_____
Any additional information we should know _____
_____

I understand that first aid will be available, that the members will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the ICC staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.

Signature of Parent or Guardian_____

I give Iowa County Conservation staff permission to photograph my child for publicity purposes:
Yes___ No____

I would like to receive updates about Iowa County Conservation programs/events and fundraising campaigns via mail and email: Yes____ No___