

2019 Wildlife Camp
June 20th & 21st, 2019
Lake O.H. Ivie Pavilion
Cost of Camp — \$20.00
Parents are welcome at no extra cost

County _____ Name _____

Male _____ Female _____ Address _____

Date of Birth _____ Age _____ City _____ Zip _____

Parent or Guardian _____

Home Phone # _____ Cell Phone : _____

Emergency contact name & number (in case parent or guardian can not be reached):
Name: _____ Phone: _____

Physical Limitations or Handicaps: _____

Yes _____ No _____ Special Medications are being sent with minor in quantity to meet his/her needs during camp. If yes, (PRESCRIPTION MEDICATIONS MUST BE IN ORIGINAL CONTAINERS), list generic name drug(s) and/or medication, along with name and phone number of prescribing physician, dosage, consumption rate and interval:

Special Dietary Needs/Conditions/Food Allergies: _____

Health History: *(Please check any of the following that apply.)*

Frequent Ear Infections _____	Allergies:	Hay Fever _____
Heart defect/disease _____		Ivy Poisoning _____
Convulsions/Epilepsy _____		Insect Stings _____
Diabetes _____		Penicillin _____
Bleeding/Clotting Disorders _____		Other _____

Operations or serious injuries: _____

Chronic or recurring illness or communicable diseases: _____

Name of Family Physician _____ Phone _____

Are your immunizations current: _____ yes _____ no

Date of last tetanus immunization: _____

Please check "over the counter" medication in with which camp personnel may administer as necessary:
____Acetaminophen ____Ibuprofen ____Imodium ____Pepto Bismol ____Neosporin ____Benadryl

Further, I do hereby authorize Extension Agents or Leaders to release said minor child to the following person/people at the conclusion of Wildlife Camp: _____

Signature of Parent or Guardian

Date