

Conservation Day Camp Registration 2023 Media Release and Medical Treatment Authorization

Day Camp Session

____ Tuesday, July 18 (K—1st grade)

____ Wednesday, July 19 (2nd-3rd grade)

____ Thursday, July 20 (4th-6th grade)

10AM to 2PM each day

****ALL CAMPERS MUST PACK A LUNCH****

Participant Name _____

Birth Date _____ Grade Fall 2023 _____

Parent/Guardian Name _____

Address _____

Phone _____ Alternate Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

SECTION I—RELEASE FOR AUDIO, VIDEO, FILM, AND PHOTOGRAPHS

All adult and youth Day Camp participants must complete this section. Participants in Otsego Conservation District events may be photographed or recorded for Otsego Conservation District promotional materials.

I authorize Otsego Conservation District to record and photograph my image and/or voice or that of my child for use by Otsego Conservation District. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any format or manner without payment of fees, in perpetuity.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

SECTION II—MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent/guardian for all youth participants before they can participate in Otsego Conservation District activities. Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent /guardian will be contacted. **Treatment will proceed before contacting the parent/guardian only if the situation is urgent and does not permit delay.**

Primary Physician Name _____ Phone Number _____

Primary Physician Address _____

Health Insurance Information

Policy Holder's Name and Relationship to Participant _____

Policy Holder's Address _____

Insurance Company Name and Address _____

Employer's Name, Address, and Phone (if applicable) _____

All policy numbers (contract, group #, etc.—please identify) _____

Please check Yes or No. If yes, please explain. Attach an additional sheet if necessary.

Yes ___ No ___ Does the participant have any chronic illness or health problems? _____

Yes ___ No ___ Does the participant currently have an acute illness? _____

Yes ___ No ___ Has the participant been treated recently for any medical issues? _____

List any medications the participant is currently taking _____

Yes ___ No ___ Does the participant have any allergies to medication/anesthetics? _____

Yes ___ No ___ Does the participant have any other allergies? _____

Date of participant's last tetanus shot _____

Please list any other information staff/volunteers should be aware of _____

I recognize that while participating in Otsego Conservation District activities, medical treatment on an emergency basis may be necessary for my child, and I further recognize that Otsego Conservation District staff/volunteers may be unable to contact me for consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information to complete insurance claims and authorize insurance payment directly to the medical facility.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____