



Lamoille County Conservation District

Conserving Our Natural Resources Since 1945

Camp Health and Emergency Form

Child's Name: _____ Birth Date: _____

Primary Parent/Guardian: _____

Address: _____ Phone: _____

Second Parent/Guardian: _____ Phone: _____

In case of emergency please notify: _____ at _____

Alternate emergency contact: _____ at _____

Child's Doctor: _____ Phone: _____

Address: _____

Allergies - Please list all known allergies. _____

Please describe reaction and response. _____

Medications - Please list all medications the camper is currently taking and why.

Current Conditions - Please list any existing medical conditions of the camper that the day camp staff should know about.

Restrictions – Please explain any activity restrictions of the camper.

Camp Health and Emergency Form page 2

Additional Information – Please explain anything else about your child that would help the day camp staff.

I give permission for _____ to attend LCCD day camp. I release any and all rights and claims for damages against LCCD and its sponsors. In case of emergency I give permission for the LCCD staff and/or their representatives to authorize consent for medical evaluation and treatment to be performed by qualified physicians.

_____ I give permission for photographs to be taken of my child as part of the program. I understand that these photographs (with or without my child's name) may be used in reports about the program including, but not limited to, the news media, the nature center webpage, and general reports to district supervisors and others.

Signature of parent/guardian

Date