



Conservation Day Camp

Youth Helper APPLICATION FORM

This form must be completed for each participant. This form is to be completed by the parent or guardian of minors. This information will be kept confidential and used only for the welfare of the participant. Please print legibly.

NAME: _____ AGE: _____
(First) (Name your child goes by) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE OF BIRTH: _____ MALE FEMALE

EMAIL: _____ GRADE COMPLETED & SCHOOL: _____
(Grade) (School)

T-SHIRT SIZE: Youth Medium Youth Large Small Medium Large XL 2XL

If anyone other than yourself will pick up your child from camp, list their name(s) here:

INSTRUCTIONS FOR MEDICATIONS

1. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted.
2. Only exact amounts of medication are to be brought to camp.
3. Pills must be counted upon arrival in camp and at the end of camp by parent and First Aid person. No medications other than those prescribed by a physician should be brought to camp. Do not pack medication in a personal backpack or bag. It must be given to the camp First Aid person at registration.

CHECK IF PARTICIPANT IS ALLERGIC TO:

- Foods (specify): _____
- Medication - Prescription or Non-Prescription Drugs (specify): _____
- Serious Ivy or Sumac Poisoning: _____
- Bee or Insect Stings: _____ Prescribed Treatment: _____

LIST ALL PRESENT MEDICAL CONDITIONS:

This includes: Contact Lenses, Braces, Diabetes, etc., which require medication, treatment, or special restrictions or considerations in participation.

Conditions: _____

Medications: _____

Please indicate if your child has any special needs or requirements that we should be aware of to help ensure his/her time at camp will be a positive one: _____

PHYSICIAN'S NAME: _____ PHONE: _____

PLEASE READ THE FOLLOWING INFORMATION AND SIGN:

_____ has my permission to attend Preble County Conservation Day Camp and participate in the program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I also understand the Staff, Preble Soil & Water Conservation District, and Preble County Historical Society are not responsible in the event of accidental injury or illness, nor the compounded injury or illness to the participant's present medical conditions listed. I give permission to camp staff to administer basic first aid to my child, including ibuprofen, acetaminophen, and Benadryl. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

I give Preble Soil & Water Conservation District permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the above organizations with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____