

# Medical Release

Please return this form to Mosquito Hill Nature Center before the first day of your child's class.

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
mo/day/yr

Class(es) your child is registered for: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Daytime Phone Number(s): \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

IF PARENTS ARE NOT AVAILABLE IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## Medical History\*

<u>Yes</u>	<u>No</u>	Does your child have any of the following:
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: _____
<input type="checkbox"/>	<input type="checkbox"/>	Current Injury: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness: _____
<input type="checkbox"/>	<input type="checkbox"/>	ADD or ADHD _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Limitations: _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Diet: _____
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

\*This information will be kept confidential except in the case of an emergency.

This medical form is correct as far as I know and my son/daughter has permission to engage in all Summer Ecology activities, except those noted above by my physician or me. I understand that all children will be closely supervised and that minor first aid will be available at the nature center. In the event of serious injury or illness, I hereby give my consent for medical treatment by a licensed physician. The nature center staff is not liable in the case of accidental injury or illness. EVERY ATTEMPT WILL BE MADE TO CONTACT YOU, THE PARENT/GUARDIAN, PRIOR TO ANY MEDICAL ATTENTION BEYOND MINOR FIRST AID.

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Signature of Parent/Guardian

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Date

Please return this form before the first day of your child's class.

Mail to        Mosquito Hill Nature Center  
                  N3880 Rogers Road  
                  New London WI 54961

Scan/E-Mail    mary.swifka@outagamie.org

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### **Photo/Video Release**

I give permission for photographs and/or videos of my child to be used by Mosquito Hill Nature Center for educational & promotional purposes.

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Signature of Parent/Guardian

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Date