

Iowa County Conservation Health and Consent Form - For Emergency Treatment

Participant's Name _____ Birth date _____

Address _____

Street address/Apartment number/PO Box City Zip

Primary Contact In Case of Emergency: Name: _____

Email: _____ Phone: (Cell) _____ (Home) _____

Relationship to Participant: Parent _____ Guardian _____ Other _____

Secondary Contact In Case of Emergency:

Phone: (Cell) _____ (Work) _____ (Home) _____

Relationship to Participant: _____

Family Physician or

Clinic _____ Phone _____

Social Security Number (Required by Hospital Emergency) _____

List below any physical conditions that the ICC staff should know (this is confidential to ICC staff):

Medications (name, dose, time, reason) _____

Allergies (explain) _____

Allergic to any drug? _____

Any limiting physical conditions _____

Any special dietary needs _____

Any additional information we should know _____

I understand that first aid will be available, that the members will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the ICC staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician.

Signature of Parent or Guardian _____

I give Iowa County Conservation staff permission to photograph my child for publicity purposes:

Yes ___ No ___