

**Gottfried Nature Center
Summer Day Camp~~ Summer 2008
Registration and Emergency Medical Information**

Camper's Name: _____ Age: _____ Date of Birth: _____

Address : _____ T-shirt size: _____

Who will drop child off? _____ Who will pick child up? _____

Which Day Camp(s) are you registering your child for?

_____ June 19th _____ July 10th _____ July 24th _____ All Three

_____ Registration Fee of \$18.00 for June 19th and July 10th and \$25.00 per family registration fee for July 24th to cover the costs of crafts, snacks and lunch.

Make checks payable to: Wyandot SWCD, 97 Houpt Drive, Upper Sandusky, OH 43351

Personally identifiable information collected on this form will be used to best handle any emergency medical situations that may occur. Such information will not be released without permission and will be retained only for the duration of day camp.

Parent to contact in case of emergency:

Telephone

Name

Home (_____) _____

Work (_____) _____

Cell (_____) _____

If there is no answer, call: (name of relative, neighbor, etc.)

Telephone

Name

Home (_____) _____

Work (_____) _____

Cell (_____) _____

I authorize all treatment deemed advisable and suggest :

Family Doctor _____ Phone number _____

Hospital Emergency Room _____

Or if unavailable, any appropriate medical care deemed advisable by day camp volunteers.

____ Yes ____ No

List any physical/medical conditions that Wyandot Soil and Water Conservation District needs to be aware of:

List any medication your child is currently taking:

(All medications will need to be taken before hand, day camp staff will not be responsible for administrating these)

Medication:

Condition:

Parent's Signature _____ Date _____