



ALDO LEOPOLD NATURE CENTER

300 Femrite Drive, Monona, WI 53716 (608) 216-9371 alncreg@naturenet.com

2010 MEDICAL INFORMATION FORM

A medical form must be submitted with your child upon check-in in order for him or her to participate and only needs to be submitted once per year unless any information changes.

Child's Name: _____ Age: _____

Primary Address: _____

Date of Birth: _____ Gender (please circle) Male Female

Parent/Guardian Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Alternative Phone: _____

Secondary Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Alternative Phone: _____

Physician/Hospital Name: _____ Phone: _____

MEDICAL HISTORY: Please list and describe any medical issues, allergies, and/or special needs for your child that require special planning for participation in program activities (If your child requires medicine by prescription, it must be in its original container, clearly labeled).

SPECIAL CONSIDERATIONS: Please describe any emotional/behavioral, mobility, special needs or other issues you would like our staff to take into consideration when planning your child's experience:

Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in programs at the Aldo Leopold Nature Center. I hereby authorize ALNC personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings.

Parent/Guardian Signature _____

Photo Release

We request permission to use your child's photo and video image for use in ALNC and/or sponsor publications and community promotional materials. Please check below to provide consent to include your child's image in the materials listed above.

YES, you may use my child's image.

NO, do not use my child's image.

All of the above information is true to my knowledge. My child has permission to participate in this program.

Parent/Guardian Signature Date _____

Please note: It is imperative that you disclose any current or potential health problems for your child. Please don't consider any condition/problem too small. Without this information we will not know the severity of your child's condition and we will call the paramedics regardless of the severity if this information is not disclosed. The cost for the paramedics will be charged to you.