**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2023 Nature-Ology Camp Medical Form

**FAMILY PHYSICIAN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME of physician Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City/State/Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL HISTORY**

Allergies (types & reactions):

Chronic physical problems:

Physiological or behavioral problems:

History of hospitalization:

List any illnesses/operations the child has had:

Special medications currently administered:

Medication: Dosage: Time given: Reason:

Medication: Dosage: Time given: Reason:

Date of last Tetanus shot:

**RELEASE**

**I waive and release Mill Creek MetroParks, its officers, employees, and volunteers, from all claims or liabilities of any kind arising from my child’s participation in this program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

**Photo Release**

In consideration of value received, receipt of which is hereby acknowledged, I, the undersigned, give to Mill Creek MetroParks the absolute right and permission to photograph, tape, record, and/or film my child and to copyright and/or reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name/my child’s name in connection therewith.

I further waive any right that I may have to inspect and/or approve the finished product of the promotional copy or other matter that may be used in connection therewith or the use to which it may be applied.

[ ] I do not grant permission for Mill Creek MetroParks to photograph my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date