



2025 Summer Nature Camp

Emergency Medical Form

Camper's Name: _____ Date of Birth: _____ (mm/dd/yyyy)

Camper's Home Address: _____

In emergency, please contact:

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work/Cell Phone: _____

Alternate Contact:

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work/Cell Phone: _____

Personal Physician: _____ Phone: _____

Please List Approved Pick Up Adults

Only names included on this list will be able to take your camper home at the end of the camp day.

_____	Relationship to Camper: _____
_____	Relationship to Camper: _____
_____	Relationship to Camper: _____
_____	Relationship to Camper: _____
_____	Relationship to Camper: _____

Please list any medical conditions, allergies, dietary restrictions, or special needs participant may have, and what Wood County Park District staff can do to help (Please contact Jim Witter to report further detail):

(Continued on back)

Nature Camp Participation Permission

_____ (participant name) has my permission to participate fully in the Summer Nature Camp hosted by the Wood County Park District. I understand that all reasonable care will be taken for my child's safety but in the event of an accident I assume responsibility for all medical expenses. I authorize emergency medical treatment if none of the above named emergency contacts can be reached at the time of an emergency.

Signature of Parent/Guardian _____ Date: _____

Transportation Permission

As parent/guardian of _____ (Camper's Name) I hereby give permission to the Wood County Parks Staff to transport my child by means of a Wood County Park District vehicle while they are a participant of the Nature Camp program.

Signature of Parent/Guardian _____ Date: _____

Media Permission Opt-Out

You DO NOT have my permission to use photos of my child participating in nature camp for parks media, including social media, flyers, program guides, etc. **(initial from parent/guardian):** _____