



MUSKINGUM SOIL AND WATER CONSERVATION DISTRICT

225 Underwood Street, Suite 100 Zanesville, OH 43701

Phone (740) 454-2027 Fax (740) 454-1451 www.muskingumswcd.org

2018 MUSKINGUM SWCD EMERGENCY MEDICAL FORM

Health History and Emergency Information

(Application must be filled out completely to attend Muskingum SWCD Events)

Name _____
Last First Middle

Address _____
Street City State/Zip

Birth Date ____/____/____ Age _____ Sex: Male Female

Name of Parent/Legal Guardian _____ Phone # _____
Cell# _____ E-Mail _____ Business # _____

Additional Contacts if parent/guardian can not be reached:

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Name of family physician _____ Phone # _____

Name and identification number of hospital/medical Insurance:

Policy _____ Policyholder's Name _____

If there is any question about activity restriction, attach a statement from a Physician indicating restrictions and noting any pertinent recommendations.

General health and medical history:

- Handicap: Do you have any limiting disabilities or conditions (temporary or permanent) that could limit your participation? Circle: Yes or No If yes list: _____
- Any operations, serous injury or chronic illness? Circle: Yes or No
If yes, specify: _____
- Name any known Allergies: Food: _____
Drugs: _____ Other: _____
- Please indicate any special dietary needs: _____
- List any other medical conditions: _____
Any known physical, mental, social difficulties or other special information which may affect participation and/or for which special consideration should be given:

With my parents, I have completed the above information and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while participating in any events.

Signed (youth): _____ Date: _____

We hereby make application to enroll our son/daughter at events at Muskingum SWCD expecting that all normal precautions be taken to ensure his/her health, safety and well being. We understand that the camp fee does not include accident insurance and that no liability is assumed by the Muskingum Soil and Water Conservation District. In the event we can not be reached in an emergency, we hereby give permission to the physician selected by the hospital to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery in a live-saving situation for our child while at Muskingum SWCD events.

Signed (Mother): _____ Date: _____

Signed (Father): _____ Date: _____

The SWCD and NRCS prohibit discrimination in any program activity or employment on the basis of race, color, national origin, sex, religion, age, disability, retaliation, political beliefs, sexual orientation, marital or family status, or genetic information. Persons with disabilities who require alternative means of communication (Braille, large print, etc.) or who need special accommodations for meetings should contact the SWCD office at (740) 454-2027.



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2018 MUSKINGUM SWCD EMERGENCY MEDICAL AUTHORIZATION

(Application must be filled out completely to attend Muskingum SWCD Events)

Participant's Name: _____ Telephone: _____

Address: _____

Street

City

State/Zip

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while at Muskingum SWCD event. (when parents cannot be reached).

Part I. To Grant Consent:

In the event reasonable attempts to contact me at:

Home # _____ Work # _____ Cell # _____

Or (other authorized party) _____ at (phone #) _____

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by: (preferred physician) Dr. _____ or (preferred dentist) Dr. _____

or in the event the designated preferred practitioner is not available, treatment by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital): _____

or any other hospital reasonably accessible.

Note: This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications presently being taken, and/or any physical impairments to which a physician should be alerted:

Date: _____ Parent's Signature: _____

Part II. To Refuse Consent:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken, or to:

Date: _____ Parent's Signature: _____

Address: _____

Phone: _____



Permission to have Picture Taken

Muskingum Soil and Water Conservation District has my permission to take photographs of my child while he or she is at events hosted by Muskingum SWCD. These photographs will be to be used in newsletters, flyers and other related information to promote events.

Date: _____ Parent's Signature: _____