



# Lee County Conservation Board Medical & Photo Release Form

## General Information

Students Name \_\_\_\_\_

First Name

Middle Initial

Last Name

Address \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Physicians Name \_\_\_\_\_ Physicians Phone \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Are there any health or behavioral conditions regarding your child of which we should be aware?**

(Food restrictions, allergies, medications, physical limitations, if so please list)

### EMERGENCY RELEASE

In the event of an emergency, I give permission for Lee County Conservation staff to administer first aid and/or obtain emergency medical treatment for my child \_\_\_\_\_. I understand that every effort will be made to contact me and/or my emergency listing. I understand that if necessary, this child will be transported by ambulance to the nearest hospital. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### PHOTO RELEASE

I give permission for Lee County Conservation staff to take pictures of my child \_\_\_\_\_. I understand that these pictures will be used only for educational purposes and to promote the programs of Lee County Conservation Board. They will not be used in a commercial format and may appear in the LCCB publications (e.g. newsletter and brochures) as well as on the LCCB website.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

#### Office Use Only

Event \_\_\_\_\_

Check Name & Number \_\_\_\_\_