

Emergency contact name and relationship _____

Phone (day) _____

Health information:

Medications this child is taking and medical conditions _____

Drug/food allergies _____

Activity restrictions _____

Does your child have a handicap or disability which requires special attention?

If your child has a one-on-one associate during the school day, please let us know who will be accompanying them because we want all youth attending to benefit from these sessions.

Mail payment and make checks to:

Cedar County Extension
107 Cedar Street
Tipton IA 52772

REFUND POLICY:

Once payment is received there will be no refunds for cancellation. If you are on a wait-list and not cleared or the session is cancelled, your money will be refunded to you.

Parent or Guardian: I understand that first aid will be available, that my child will be supervised, and that if a serious injury or illness develops, I will be notified and medical and/or hospital care will be given. If contact is impossible, I give permission for emergency treatment recommended by the attending physician. Photo release: I understand that photos or videos may be taken during Summer Discovery that may be used in publicity or promotional materials by ISU Extension and Outreach. If you object, please notify the Extension Office.

Signature _____
Parent or Guardian

Date: _____

OFFICE USE ONLY
Date _____
Received _____ Amount _____
Check # Cash
Receipt # _____

