



HOME SCHOOL PROGRAM

SEVERSON DELLS NATURE CENTER



Office Use Only

CHILD'S INFORMATION

Child's Name: _____

Child's Birthdate: _____

☐ Child has allergies or notable medical conditions (Please explain/list):

☐ Child is currently taking medications (Please explain/list):

☐ Severson Dells Nature Center can apply bug spray as needed.

☐ Severson Dells Nature Center can apply sunscreen as needed.

☐ Severson Dells Nature Center may take pictures/videos of my child to use for future marketing or other promotional uses.

CONTACT INFORMATION

Contact #1 Name:

Relationship: _____ Phone # _____

E-Mail: _____

Address: _____

Contact #2 Name:

Relationship: _____ Phone # _____

Please list any other people approved for pick up: _____

I verify that the above information is correct, and that I have the authority to answer the above questions on behalf of the child.

Signature of Parent/Guardian

Date