

Pottawattamie County Conservation Emergency & Photo Release Form



Emergency Release

In the event of an emergency, I give permission for the staff of Pottawattamie County Conservation 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 contact. 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/Guardian Signature

Date



Media Release

I give permission for the education staff and volunteers of the Pottawattamie County Conservation Board to take pictures and/or videos of my child, _____. *I understand that these images will be used only for educational purposes and to promote the programs of the Pottawattamie County Conservation. They will not be used in a commercial format and may appear in PCCB publications (e.g. newsletter or brochures) as well as on the PCCB website, Facebook page or YouTube.*

Parent/Guardian Signature

Date