| sroom: Deer, head downstairs and follow the deer tracks on the floor! | |
|------------------------------------------------------------------------------|--|
| 5780) | |
| | |

What to Bring:

| 1 snack | |
|---------------------------------------------------------------|--|
| Adult to attend program (one adult may have up to 3 kids to t | |
| program) | |
| Backpack | |
| Bug spray (apply prior to camp) | |
| Closed toe shoes (no open toed shoes) | |
| Permission Slip (filled out and signed) | |
| Rain gear | |
| Sack lunch for picnic after camp if you wish | |
| Small water bottle (to carry on trails) | |
| Sunscreen (apply prior to camp) | |

Don't forget to fill out, sign and print the Permission Slip on the next page!

Permission Slip- Budding Naturalist

| I, the parent/guardian of _ | approve of my child attending |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (Child(s) name) |
| participating in the activit Board and the employees participation in the outdoo will be supervised at all ti my child to be photograph | Dak Grove Park on June 17, 2021, 9:00 am- 11am and es planned. I agree that the Sioux County Conservation shall not be liable for any accidents or claims arising from or education program with the understanding that my child mes. I,, give permission for ed and give the SCCB permission to use those photographs s, newspaper, social media, etc. |
| Parent Email: | |
| | send me emails of upcoming education programs using the with online or above. YES \(\bigcup \) NO \(\bigcup \) |
| Person to contact in case of | of emergency: (include name, address, phone) |
| Other emergency names a | nd numbers: |
| My child is allergic to: (m | edicines and allergies related to the outdoors) |
| Also, the following physic | eal conditions may restrict my child's activities: |
| X | Signature of parent/guardian |