

The Children's Museum of Science and Technology Summer Camp

Emergency Contact Form

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Numbers where you can be reached during camp hours:

Home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

\*\* In case you cannot be reached whom should we contact?

Emergency Contact (other than parent)

\_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Business address: \_\_\_\_\_ Phone \_\_\_\_\_

Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you? Yes \_\_\_ No \_\_\_

Please list the names of all people authorized to pick up your child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any special needs that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of extreme emergency we will go to the hospital with your child. Please list your hospital of choice.

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Signature and Date:

\_\_\_\_\_

\_\_\_\_\_

The Children's Museum of Science and Technology Summer Camp

**Medical History and Release**

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

***We will also need a current copy of your child's immunization record.  
This is mandatory for your child's participation in camp at CMOST.***

HEALTH HISTORY (check if your child has ever had any of the following medical complications)

- \_\_\_\_\_ TB
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Other

***ALLERGIES:***

- \_\_\_\_\_ hay fever
- \_\_\_\_\_ poison ivy
- \_\_\_\_\_ insect stings
- \_\_\_\_\_ asthma
- \_\_\_\_\_ penicillin
- \_\_\_\_\_ other drug

Additional Allergies/ Illnesses: \_\_\_\_\_

Dietary modifications/ Restrictions:

Current medications:

Child's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance  
Company: \_\_\_\_\_

Policy/Group# \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

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### **IMPORTANT – This section must be completed for attendance**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Signature of parent/guardian or adult: \_\_\_\_\_

Printed name of parent/guardian or adult \_\_\_\_\_

Date: \_\_\_\_\_

### Media Release Form

\*\*\*\*\*  
I give the Children's Museum of Science and Technology permission to use my son / daughter's picture while involved in Museum programs. This includes, but is not limited to press releases, promotional material, museum brochures, The Museum web site and any television segments.

Child's full Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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The Children's Museum of Science and Technology Summer Camp

Permission Slip and Release of Liability

I give my child \_\_\_\_\_(name) permission to participate in all camp activities at The Children's Museum of Science and Technology.

I also give permission for any and all medical attention necessary to be administered to my child,(named above) in the event of an accident, injury, sickness, etc., under the direction of the team chaperones.

I hear by release, discharge, acquit and forgive from any and all claims, actions, suits, demands, agreements, liabilities, judgments and proceedings against the Children's Museum of Science and Technology and agree to hold The Children's Museum of Science and Technology harmless for any injury to my child which may occur on this date or any other, as a result of my child's participation in The Museum related activity listed above.

Parent Signature \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_