



Emergency Contact Form

Child Information:

Name of child _____ Birth date _____ Sex _____ Age _____

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

Additional Allergies/ Illnesses: _____

Are there any activities that your child should not participate in for health reasons? _____

Dietary modifications/ Restrictions:

Current medications: _____

Child's Pediatrician: _____ Phone _____

Medical insurance company: _____ Policy/Group# _____

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

Name of Hospital: _____

Address: _____

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: _____

Print Name of parent/guardian: _____ Date _____

Parent/Guardian Information:

Parents Name: _____

Home Address _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address _____

If separated or divorced, who has legal custody? (A court order is needed if a parent is denied access to a child.)



CHILDREN'S MUSEUM OF SCIENCE + TECHNOLOGY

Emergency Contact (other than parent) ** In the event you cannot be reached whom should we contact?

Name: _____
Home address _____ Phone _____
Work Phone: _____ Cell Phone: _____

Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you?

Yes No

Pick Up Authorization:

Please list the names of **ALL** people authorized to pick up your child (Including Parents)

All authorized persons must be at least 16 years of age and prepared to show photo identification

Name:	Relationship To Child:	Phone Number:

Permission Slip and Release of Liability

I give my child _____ (name) permission to participate in all 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.

Signature of parent/guardian: _____

Print Name of parent/guardian: _____ Date: _____

The Children's Museum of Science and Technology Individual Photo Release Form

I agree to allow the Children's Museum of Science and Technology or its designees to use photographs or video recordings containing my image and/or the image of my child named below, at its discretion, for publicity, advertising, exhibit or other museum-related purposes. I agree to allow such use free of any compensation and with no restriction as to the length of time for such use.

If this is a group photograph or video, all individuals (or parents/guardians) must sign a form.

Name of person in photo/video: _____

Name of Parent/Guardian if person in the photo/video is a minor: _____

Home Address: _____

Daytime Phone: (____) _____ Email: _____

Signature: _____ Date: _____