

EMERGENCY CONTACT FORM

Child Information

Name of Child: _____

Birth Date: _____ Sex: _____ Age: _____

Does your child have any special needs we need to 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: _____ Policy/Group#: _____

We will need a current copy of your child's immunization record. This is mandatory for participation in the CMOST Summer Camp Program.

In case of an 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: _____

Signature required on first day of camp.

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.)

Name: _____

Emergency Contact (other than parent)

*****In the event that you cannot be reached who should we contact?***

Name: _____

Home Address: _____

Home 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

Summer Camp Pick Up Authorization:

Please list the names of all people authorized to pick up your child. 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 camp activities at The Children's Museum of Science and Technology (CMOST).

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 CMOST and agree to hold CMOST 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: _____

Signature required on first day of camp.