

## Museum of Nature & Science Camps Medical and Participant Release Form

*Please complete, sign and return this page to the museum no later than two weeks prior to the beginning of your child's camp session.*

### General Information

Child's Name: \_\_\_\_\_ Grade entering in fall 2010 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F

Primary Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

The following individuals, other than me, have my consent to pick up my child from camp. I understand that any individual(s) not on this list will NOT be allowed, for any reason, to remove my child from the museum property.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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### Medical History

Physician's Name: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_ Hospital Telephone: \_\_\_\_\_

**Asthma Protocol:** Anyone who has asthma and uses an inhaler (even occasionally) needs to keep an inhaler with them.

**Diabetes Protocol:** Anyone with diabetes needs to have a doctor's approval to participate in camp. The diabetes must be in control for the camper's safety.

Please check the box if your child has any of the following:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Dietary Restrictions (describe below)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Allergy to Medication (list below)
<input type="checkbox"/> ADHD	<input type="checkbox"/> Heart disease or defect	<input type="checkbox"/> Food Allergies (list below)
<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Other Allergies (list below)

Please note any allergies, physical conditions of other limitations, serious illnesses, medications, hospitalizations or other information that might be relevant to your child's participation in MNS Camp. Please be as specific as possible (for example – peanut allergy if ingested only or peanut allergy if in contact with skin, eyes, etc):

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*\*MNS will not be responsible for administering medication to children. Parents, please consult a physician about altering the child's dosage so that medication can be administered outside of camp.*

*If medications must be taken during the day, the child will need to self medicate. We cannot force the child to take medication; we can only remind them of the dosing schedule. If the child's behavior becomes disruptive as a result of NOT taking his/her medication, MNS reserves the right to remove the child from the camp classroom and take disciplinary steps as a result of the behavior.*

**Immunization & Medical Release**

**State law and/or Museum policy require that immunization records and a medical release are on file.**

**Immunization: Please check the option below that you are using to satisfy the immunization requirement.**

1. \_\_\_\_ I have provided the MNS with a copy of my child's most current immunization record or an affidavit about immunizations for religious or medical reasons.
2. \_\_\_\_ My child's immunization record or affidavit is on file at another school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file (for children 4 yrs and older).

Name of School and Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

**Medical Release: Please check the option below that you are using to satisfy this requirement and sign and date at the bottom of the page.**

1. \_\_\_\_ Doctor's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in *Discovery Camp*.

\_\_\_\_\_  
Name and address of physician, or address of screening site, or health clinic

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_ A signed and dated copy of a health care professional's statement (within the past year) is attached stating that your child has been examined and is physically able to take part in *Discovery Camp*.
3. \_\_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. \_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in *Discovery Camp*. Within the next 12 months, I will obtain a physician's statement, a copy of a medical screening from EPSDT, or a form/statement from a health service/clinic and will submit it to MNS.

\_\_\_\_\_  
Name and address of physician, or address of screening site, or health clinic

**Informed Release and Waiver of Liability**

*Please INITIAL each by each line:*

I understand that my child/children, as a participant(s) in the MNS Camp, may be engaged in activities that include, without limitation, conducting experiments with supervision, walking the exhibit halls, going outside no more than one hour per day, running, jumping, walking around the lagoon with supervision. Although the museum will exercise reasonable efforts to minimize risks, participation in the MNS Camp may expose my child/children to the possibility of accidents, including but not limited to injury or death.

\_\_\_\_ During his/her attendance at MNS Camp, my child, listed above, has my permission to engage in all camp activities except as noted on the current Medical Information form.

\_\_\_\_ My child/children have my permission to be photographed by MNS Camp staff and/or its representatives and that such photographs can be used for promotional purposes by the Museum of Nature & Science.

\_\_\_\_ I am the legal parent or guardian of the child listed above. I release the Museum of Nature & Science from any form of liability as I have given them permission to participate. I also hold harmless any MNS staff, agents and cooperating landowners and will not hold them liable for any loss, including but not limited to injury or death.

\_\_\_\_ I agree that, if my child should need additional services to accommodate him/her in workshops in accordance with the ADA Compliance Guidelines, I will provide written notice of such condition (either from my child's physician or other recognized organization) and agree to submit my request at least five (5) working days prior to the beginning of my child's camp session.

\_\_\_\_ I authorize the staff of the Museum of Nature & Science to directly contact sources cited in this form and do authorize the named physician(s) to render such treatment as may be considered necessary in the event of an emergency, for the health of my child. In the event that physicians or other sources named in this form cannot be contacted, I authorize the Museum of Nature & Science to take whatever action is necessary, in their judgment, for the health and safety of my child. I assume financial responsibility for any medical care my child receives during his/her participation in MNS sponsored activities, and will not hold MNS financially responsible for care and/or transportation of my child to a care facility.

\_\_\_\_ I hereby attest that all information provided above is correct and agree to the terms of enrollment in MNS Camp as stated in the Camp Policies.

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

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

\_\_\_\_\_  
Date

**To be filled out by MNS personnel**

*Form received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Filed:* \_\_\_\_\_