



# Camp Discovery

## CAMP POLICY & EMERGENCY INFORMATION FORM

- This document must be completed and returned before camp.
- Please complete the information requested thoroughly and completely.
- A separate form must be completed for each child enrolled in camp.

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MEDICAL INFORMATION (please write additional info on reverse side if more space is needed)

Is your child taking any medications regularly?  
 NO  YES If yes, please list and state how often.

Does your child have any allergies (food or environmental)?  
 NO  YES If yes, please list below.

Please list any other information that you feel is important concerning camper's medical background, personality or a disability.

**I understand that Museum Staff will not hold or dispense any medication for my child.**

\_\_\_\_\_ (Initial)

### In case of emergency, we will call or E-mail these numbers in the order listed. List yourself if you are to be contacted.

1. Guardian's Name \_\_\_\_\_ Relation to camper \_\_\_\_\_  
Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

2. Guardian's Name \_\_\_\_\_ Relation to camper \_\_\_\_\_  
Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

3. Guardian's Name \_\_\_\_\_ Relation to camper \_\_\_\_\_  
Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**I authorize only the persons listed above to pick up my child from the camp. NO EXCEPTIONS.** \_\_\_\_\_ (Initial)

Please note that in case of sudden illness or misbehavior, an adult must be immediately available to pick up the child. The Museum of Discovery and Science may dismiss a camper at any time should it determine that the conduct of the camper is not in the best interest of the Museum and the other children.

**EMERGENCY TREATMENT RELEASE** • In the event of a serious illness, accident, or injury that would require medical attention, 911 will be called and my child may be taken to the nearest emergency center. My signature below indicates permission for the Emergency Medical Staff to care for my child.

**HOLD HARMLESS** • I agree to indemnify and hold harmless the Museum of Discovery and Science at 401 SW 2nd Street, Fort Lauderdale, FL 33312-1707, from any claims, damages, losses, costs and expenses resulting from the participation of my child in the Museum of Discovery and Science Camp.

**PROMOTIONAL PHOTOGRAPHY RELEASE** • I understand the Museum of Discovery and Science may take photos/video of students during the program for publicity purposes.

YES - You may photograph my child  NO - Do not photograph my child

**My signature below indicates that I have read and understand the policies stated above and that I agree to abide by them.**

Legal Guardian's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_