

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 BirthAge
Street Address City	StateZip
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.	Please list any other information that you feel is important concerning camper's medical background or personality.
Does your child have any allergies (food or environmental) NO Service	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	n this order:
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	
	Relation to camper
Primary phone	Alternate phone
E-mail Address	
I authorize only the persons listed above to pick up my child	from the Museum. NO EXCEPTIONS (Initial)
Please note that in case of sudden illness or misbehavior, an a The Museum of Discovery and Science may dismiss a camper is not in the best interest of the Museum and the other children	at any time should it determine that the conduct of the camper
	illness, accident, or injury that would require medical attention, st emergency center. My signature below indicates permission for
HOLD HARMLESS • I agree to indemnify and hold harmless the Fort Lauderdale, FL 33312-1707, from any claims, damage of my child in the Museum of Discovery and Science Camp	es, losses, costs and expenses resulting from the participation
PROMOTIONAL PHOTOGRAPHY RELEASE • I understand the for advertising purposes. YES - You may photograph	Museum of Discovery and Science photographs camp classes may 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