



Summer Camp Medical Release Form 2017

Basic Contact Information

Child Name _____

Date of Birth _____ Age _____ Entering Grade _____

School (attending this fall) _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

All Summer Campers must be signed in and out of camp each day. Other than yourself and your above emergency contact, please list any additional persons authorized to sign your child in and out of camp. The Children's Museum will require a photo identification for sign in and sign out.

Name #1 _____

Relationship _____ Phone _____

Name #2 _____

Relationship _____ Phone _____

Name #3 _____

Relationship _____ Phone _____

(continued on back)

Emergency and Medical Information

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone # _____

Is your child allergic to any medications or foods? Yes ____ No ____

If yes, please list all allergies _____

Does your child require any necessary accommodations? Yes ____ No ____

If yes, please list _____

Is your child on any medications that he/she will need to take during camp? Yes ____ No ____

If yes, please list _____

NOTE: CMEC Staff will NOT administer any medication to your child. You child may take/administer medication to his/herself during the camp, if necessary.

Photo Release

I understand and agree to abide by the operation rules as set by the Children’s Museum of Eau Claire (CMEC). My signature authorizes CMEC to use a photograph or video of my child named on this form in future promotion such as print, digital, television or social advertising. My child will not be identified by name in this promotion.

PARENT/GUARDIAN SIGNATURE

DATE

Medical Release

I authorize the Children’s Museum of Eau Claire (CMEC) and its staff to obtain emergency medical treatment for my child in the event of a life-threatening emergency. My signature authorizes my child to be treated by the first available medical facility and physician, should the need arise, and authorizes my emergency contact listed above to pick up my child from the program and make decisions regarding my child and his/her care if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.

PARENT/GUARDIAN SIGNATURE

DATE