



## Summer Camp Emergency Contact Form

### Child Information:

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Does your child have any special needs we should 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 company: \_\_\_\_\_ Policy/Group# \_\_\_\_\_

**In case of 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 \_\_\_\_\_

### 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.)**

\_\_\_\_\_



**Emergency Contact (other than parent) \*\* In the event you cannot be reached whom should we contact?**

Name: \_\_\_\_\_

Home address \_\_\_\_\_ 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 SUNY Poly Children's Museum of Science and Technology.

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 The SUNY Poly Children's Museum of Science and Technology and agree to hold the SUNY Poly Children's Museum of Science and Technology 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 SUNY POLY Children's Museum of Science and Technology Individual Photo Release Form**

I agree to allow the SUNY Poly 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: \_\_\_\_\_