Oakes Museum Release Form

Name of child: **Date of Birth:**

Parent/Guardian Name(s): **Parent/Guardian Phone:**

Insurance Company: **Policy #**

Family Doctor:

If parent/guardian is not available in an emergency, please notify:
Name: Phone:
Relationship:

If your child has any allergies (food, drug, bee sting, other), medical conditions, or other needs we should be aware of, please list:

Does your child require an epi pen to treat an allergy? Yes/no (if no, skip to next section)
Will your child bring the epi-pen?
I give my child permission to self-administer the above listed prescription medication.
Parent or Guardian Signature:

Does your child use an inhaler for asthma? Yes/no (if no, skip to next section)
Will your child bring the inhaler?
I give my child permission to self-administer the above listed prescription medication.
Parent or Guardian Signature:

Prescription and Non-Prescription Medications that will be administered while at the Oakes Museum (please list if applicable):

I give my child permission to self-administer the above listed prescription and non-prescription medication. My child is aware that they may not share any medication with other campers. All medication brought must be labeled. All medication will be held by the child. The Oakes Museum of Natural History is not responsible for storing any medication.
Parent or Guardian Signature:

Release Statement
The child named above has my permission to participate in the designated Messiah University/Oakes Museum programs. I certify that my child is fully able to participate. I release Messiah University/Oakes Museum, its employees, agents, offices and volunteers from all liability, claim, expenses and actions which may arise from injury or harm to the child as a result of camp participation. In the event of a medical emergency, I authorize Messiah University/Oakes Museum to designate a hospital, physician or emergency personnel to provide care (including hospitalization, if necessary) to the child and release Messiah University/Oakes Museum from any liability for injury or harm which to the child which may result from this medical care. I understand that responsibility for payment of such care medical care will be mine and certify that the child is covered by adequate medical care.
Parent/Guardian Signature: **Date:**

Photo Permission:
I give permission for my child's photograph to be taken during Programming. I understand the photographs may be used in the Oakes Museum of Natural History newsletter, for staff professional portfolios, or in promotional materials, which may include our web site or social networking.
Parent/Guardian Signature:

Permission to Pick Up Your Child:
At the end of an activity we will only release your child to those who may pick up your child.
By providing the following information, you authorize the following individuals to pick up your child from the Oakes Museum.

Name: Phone:
Relationship:

Name: Phone:
Relationship: