

Wacky Workday 2008-2009

Child's Name: _____ Date of Birth: _____

School Child Attends: _____

Address: _____ City/State/Zip: _____

What is the primary language spoken in your home: _____

Please list any allergies that your child has (food, medicines, etc.): _____

Please list any medical conditions we should be aware of: _____

Primary Physician's Name: _____ Phone Number: _____

Please list any medications your child will be taking while attending camp (if your child will be taking medicine while on museum premises, you must fill out a camper medicine form upon check-in and give the medication to check-in staff):

In the event of an extreme medical emergency, Miami Science Museum staff will contact emergency medical personnel and will then contact the child's parent or guardian. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further Medical attention. Requests to alter this policy must be made in writing to the manager of camp and class programs. Emergency Medical personnel will not honor requests to bring children to specific hospitals, doctors, or medical establishments.

Who may we contact in the event of an emergency (please include yourself and one other person):

You: _____ Relationship to child: _____

Phone(s): _____

Person 2: _____ Relationship to child: _____

Phone(s): _____

Please select a code word for your family. This code word may be used over the phone to verify your identity or to verify the identity of others picking up your child or otherwise acting on your behalf. Each family must choose a code word.

Please list your family's code word here: _____

List all people authorized to pick up your child from Miami Science Museum (please make sure to list yourself). Miami Science Museum staff may request photo ID from anyone picking up a child. Miami Science Museum staff may not allow anyone not listed below to pick up a child:

I — including myself, spouse, child/children/other members of my family and heirs — release and hold harmless the Miami Science Museum, its employees, volunteers, board members and officers and related parties from all liability for lost or stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the museum whether on-site, off-site or in transit.

I authorize the Miami Science Museum to take photographs of my child/children for marketing purposes. I give permission for pictures of my child/children to be used in the museum's printed materials, including advertisements, brochures, flyers and web sites.

I authorize the Miami Science Museum to make copies, scan and/or photograph hand made and/or digitally made projects created by my child for marketing purposes. My child's artwork may be displayed at the museum and/or used in the museum's printed materials, including advertisements, brochures, flyers and website.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Please return this form to the Miami Science Museum prior to your child's first day of class/ camp:

Fax attention Judy Henry, (305) 646-4485