

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Classes Health Form 2016

Please complete a separate health form for each child attending a class.

Camper's name _____

Classes you child will be attending _____

HEALTH HISTORY

Child's age _____ Child's current grade level _____

Parents/Guardian names _____

Insurance _____

Name of policy holder and policy # _____

Name of physician _____ Physician's phone _____

Date of the last tetanus shot _____ Date of last health exam _____

Operations or serious injuries (dates) _____

Chronic or recurring illness(es) _____

Comments _____

MEDICAL CONDITIONS

Check any condition that applies and elaborate if necessary:

☐ hay fever ☐ poison oak ☐ allergies ☐ heart trouble ☐ asthma ☐ epilepsy
☐ bee sting ☐ medicine ☐ food* ☐ diabetes ☐ other

*Some camps may use or eat food as part of the activity.

Does your child carry an Epi-Pen? ☐ If yes, what is the allergy? _____

Comments _____

SPECIAL NEEDS

Dietary or mobility needs and/or restrictions _____

Current medications _____

Does your child have learning differences we should be aware of? If so, what are they? _____

If there is any additional information that we should know? Ex: special emotional needs, ADD, phobias, health concerns, etc. Include instructions for how to accommodate your child(ren)'s needs.

Comments _____

EMERGENCY CONTACT INFORMATION

Parents/Guardian _____ Cell Phone _____

Parents/Guardian _____ Cell Phone _____

Alternative Contact _____ Cell Phone _____

Classes

Permission & Release Form 2016

PHOTO RELEASE

I grant permission for my child(ren) to be photographed during classes. I fully understand that these photos may be used for our newsletter and/or for advertising purposes.

_____ Yes, I do. _____ No, I do not.

ALTERNATIVE DEPARTURE

Please list anyone who will actually pick up your child(ren). Only these names will be allowed to pick up. All adults authorized for release must still present a photo ID at pick up. I grant permission for my child(ren) to leave with the following adult guardians *other* than myself:

Name _____ Phone _____

Name _____ Phone _____

RELEASE

I/We, (Parents/Guardian name), _____ being the parent(s) or legal guardian(s) for (Child's/Children's name) _____ hereby give San Diego Children's Discovery Museum (SDCDM) staff permission to administer to the Child basic first aid when applicable, including the treatment of minor cuts, scrapes, burns (including sunburns), and stings. Internal medication will not be administered by SDCCDM staff at any time. I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of SDCCDM to provide transportation and treatments, including X-rays and routine tests, for the Child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for the Child. I agree to assume financial responsibility for all medical and hospital expenses. On behalf of the Child, I agree to indemnify, defend, waive, release and hold SDCCDM, Children's Discovery Museum Holdings, LLC, the Linden Root Dickinson Foundation and their respective members, employees, agents, volunteers, contractors, officers and directors harmless from any and all liability, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of the Child's participation in SDCCDM Discovery Camp, except for the willful misconduct or gross negligence of SDCCDM.

I/We have carefully read this release prior to its execution and I/we fully understand its contents.

Signature of Parent /Guardian

Relationship to Child