

Medical Form: Spring 2010

Please fill out the form completely, sign, and return as soon as possible.

We ask that you fill out a separate form for each camper. Please return all forms as soon as possible so that we may be better prepared for a great session!

No child may attend camp without a signed Medical Form.



Camper's Name: _____

Camper's Birth date: _____ / _____ / _____

Parent/Guardian Name: _____

Phone: _____
Daytime Evening Cell Phone

Date of Camper's Last Tetanus Shot: _____ / _____ / _____

Please list camper's allergies:

Are there any medications (daily or emergency) that need to be administered to camper during camp hours? Please list the medications and include specific comments/instructions on the back of this form:

Are there any special conditions or needs (mobility, dietary, emotional, etc.) that camp staff should be made aware of? Please use the back of this form for additional details:

Signature

Date

Emergency Contacts (used only if unable to contact guardian)

Name: _____ Relationship: _____

Phone: _____ (daytime) _____ (evening)

Name: _____ Relationship: _____

Phone: _____ (daytime) _____ (evening)

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Permission & Release Form: Spring 2010

Please fill out the form completely, sign, and return as soon as possible.

We ask that you fill out a separate form for each camper. Please return all forms as soon as possible so that we may be better prepared for a great session!

No child may attend camp without a signed Permission & Release Form.

Camper's Name: _____

Parent/Guardian Name: _____

Authorized Adults for Pick up:

I give permission for my child to leave ANSP Summer Camp with the following adults:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____



Alternative Departure:

I give permission for my child to leave Academy Explorers Camp unaccompanied (walking, biking, public transportation) at 4:00.

Yes, I give permission.

No, I do not give permission.

Photographic Release

I hereby consent to and authorize the use and reproduction by The Academy of Natural Sciences of any and all photographs that have been taken of me and/or my children for any purpose, without compensation to me. The Academy has full ownership of all photos and prints. The Academy reserves the right to use these photographs in any of its print or electronic publications or advertising.

I am of full age/ I act as the parent/guardian of the minor.

Signature: _____

Date: _____

Name of Minor: (Please Print): _____

I do not consent.

I accept and assume any and all risk of damage to personal property or injuries to my child or children participating in the camp, myself or any other family member. In assuming such risk, I the undersigned hereby release the Academy of Natural Sciences, its officers, agents, employees, and volunteers, and agree to indemnify any or all of them, from any and all liability for loss, damage, or injury to any person or property which may be incurred through participation in the Academy of Natural Sciences Summer Camp.

Signature

Date

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