



CAMPER MEDICAL HISTORY/EMERGENCY RELEASE

WINTER CAMP 2015
DECEMBER 21-30

ENROLLMENT WILL BE FINALIZED UPON CONFIRMATION OF THE FOLLOWING INFORMATION:

Child's Name: _____ Age: _____ Grade: _____
Parent/Guardian: _____ Child's date of birth: _____
Home phone: _____ Daytime phone: _____ Cell phone: _____
Other Emergency Name: _____ Phone: _____
Family Physician: _____ Phone: _____

Please include any medical or behavioral information that will help us provide a safe and respectful environment for your child (e.g. asthma, low vision, hearing impaired, high functioning autism, cast on left arm, ADHD):

Immunizations Current? YES _____ NO _____ Date of last tetanus shot: _____
List allergies (e.g. nuts, bee sting, latex): _____

WINTER CAMP AT THE NAT IS NUT-FREE.

If your child is taking medications, please be sure medications & instructions have been given prior to arrival at camp.

In the event an emergency arises where it is necessary for the student to be treated by other than the family physician, I hereby give my permission for him/her to be treated by a qualified physician or at a hospital. If necessary to the treatment, transportation by ambulance is also authorized. (Parent or Guardian is responsible for payment of medical treatment.) San Diego Natural History Museum and its staff and volunteers assume no responsibility for illness or injury which might occur during these classes.

Parent or Guardian Must Sign Here _____

By initialing below, I hereby grant permission to the San Diego Natural History Museum, on my own behalf and on behalf of my spouse and/or child(ren), to use any photographs, videotapes, or any other likeness obtained in the course of this program, in any promotional, educational or other materials produced by or for the San Diego Natural History Museum, and I hereby waive any and all right to control, inspect, or approve such usage by the San Diego Natural History Museum.

Initial: _____

By initialing below, I understand that should the behavior of my child endanger the safety of others persons or themselves or cause unmanageable disruption to the class, I may be called to supervise my child and/or remove him/her from the class. I will review behavior expectations with my child before camp begins.

Initial: _____

Please return this form as soon as you register.

Email to: education@sdnhm.org

Fax to: 619.235.9446

Mail to:

Education Department, San Diego Natural History Museum, P. O. Box 121390, San Diego, CA 92112-1390