



Children's Museum of Denver Day-Out-of-School Camp Emergency Card

General Information:

Child's Name: _____ Birth Date: _____

Home Address: _____

Parent Name: _____ Daytime Phone Number: _____

Work Address: _____

Parent Name: _____ Daytime Phone Number: _____

Work Address: _____

Person other than parent(s) to be notified in an emergency situation if parent(s) are unavailable:

Name: _____ Daytime Phone Number: _____

Address: _____

Name(s) of person(s) other than parent to whom the child may be released:

1. _____ Daytime Phone Number: _____

2. _____ Daytime Phone Number: _____

Specific Medical Information *(please complete all lines or put N/A):*

Medical Conditions: _____

Medications: _____ Frequency: _____

Allergies: _____

Other: _____

Child's Physician: _____ Daytime Phone Number: _____

Address: _____

Child's Dentist: _____ Daytime Phone Number: _____

Address: _____

Hospital preferred for emergency treatment: _____

Health Insurance Company: _____ Policy #: _____

By signing below, you agree to the following:

In the event of serious illness or injury, I hereby give permission to the Children's Museum of Denver staff to secure emergency medical and/or surgical treatment for the above named minor child and agree to pay for any incurred expenses.

I hereby give permission to the Children's Museum of Denver staff to secure transportation (via ambulance or in the vehicle of the Children's Museum of Denver) for my child to the doctor or hospital named above. I understand staff will attempt to notify me should serious illness or injury occur.

I hereby give permission for my child to participate in all activities that are a part of the daily routine in the Day Camps at the Children's Museum of Denver. (If you do not want your child participating in certain activities, please list on a separate page.)

Signature _____ **Date** _____

Printed Name _____



Children's Museum of Denver Day-Out-of-School Camp Medication Form

(To be completed only if child will be receiving medication during camp hours.)

Please note: We are not able to administer medications of any kind (including over-the-counter) to children in camps. If it is necessary for your child to receive prescription or over-the-counter medication during camp, please complete this form and arrangements will be made with the camp director for a parent/guardian or authorized adult to come to camp and administer medications.

Child's Name _____

Who will administer the medication? _____

When does this person need to arrive? _____

Please let us know of any potential side effects or reactions we should be aware of.

Please list any additional instructions or comments.

Prescribing Practitioner _____

Practitioner's Telephone Number _____

Signature _____ Date _____

Printed Name _____



Children's Museum of Denver Day-Out-of-School Camp Request for Personal Information

*Thank you for sharing this information with camp staff.
Information will be shared with appropriate personnel only.*

Child's Name _____

1. Please list any medical conditions that would prohibit your child from participating in activities?

2. Does your child have any significant behaviors/fears that we should be aware of? Please describe.

3. How do you (or, would you like for us to) handle these situations?

4. Are there any other situations that we should be aware of while caring for your child?

5. May we apply Children's SPF 45 sunscreen to your child? Yes No

I attest that the above information is true to the best of my knowledge.

Signature _____ Date _____

Printed Name _____



Children's Museum of Denver Day-Out-of-School Camp Photo Release

I hereby freely grant the publication of photos/videos taken of my child during their participation in the *Children's Museum of Denver Day-Out-of-School Camp* for editorial, advertising, commercial or display purposes. I understand photos may be used by the Children's Museum of Denver or any other newspaper or TV media.

Child's Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Printed Name _____