



Medical /Liability Release Form

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned, the parent(s)/guardian(s) of _____, a minor, do hereby authorize Science Explorers, Inc. and contractors, for the undersigned to consent to any emergency treatment deemed advisable by, and rendered under the general or specific supervision of any physician/surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

We have registered our child for this program and have given permission for said child to attend and participate in the Science Explorers Camp.

Date: _____ Name of Child: _____

Health Insurance Provider: _____ Health Insurance Policy Number: _____

My child has the following conditions or allergies that may occur: _____

Parent(s) or Legal Guardian(s): _____ *Please print*

Parent(s) or Legal Guardian(s): _____ Signature(s)

LIABILITY RELEASE

I, the undersigned, agree to save and hold harmless Science Explorers, Inc. and respective departments, organizations, boards, commissions, officers, agents, and employees and contractors from any liability whatsoever for any harm, personal injury, or property damage which I or my child _____ may cause or suffer arising out of his/her participation in the Science Explorers Program.

Parent(s) or Legal Guardian(s): _____ *Please Print*

Parent(s) or Legal Guardian(s): _____ Signature(s)

ADMINISTERING MEDICATION

If your child needs medication to be administered during the camp day, please review and sign the following:

Check one: My child **does not** need medication during the camp day. My child **does** need medication during the camp day.

The medication, in its original container must be labeled with a prescription by a pharmacist or a physician. **DO NOT** send unlabeled containers to camp. Any medication that comes under the law of controlled substances (such as Ritalin) **must be presented** to the camp instructor by the parent/guardian. All medications will be kept in the instructor's possession. Campers who need to self-administer medications (such as inhalers) are permitted to do so with the instructor's permission and are required to report each self-administered dose to the instructor.

I hereby grant permission for the instructor to oversee the intake of medication to my child as listed below:

Parent(s) or Legal Guardian(s): _____ *Please Print*

Parent(s) or Legal Guardian(s): _____ Signature(s)

Name of Child _____ Grade _____ Name of Medication _____

Time to be given _____ Amount to be given _____ Possible Side Effects _____

Additional Instructions _____

Camp Location _____ Date _____