

Permission to Participate

<i>Event your child will be participating in at Hands On: (Museum programs leave the museum for fire drills & field trips)</i>		<i>Date(s) of Event:</i>	
<i>Parent Name(s):</i>			
<i>Street Address & City/State/Zip:</i>			
<i>Child's full name:</i>		<i>Child's Date of Birth:</i>	
<i>Parent(s) Phone Numbers:</i>		<i>Child's Age:</i>	
Parent location/Phone number during program hours:			
<i>Physician's Name & Number:</i>			
<i>If parent cannot be reached in the event of an emergency, the following person(s) can be authorized to act on my (our) behalf:</i>			
<i>Emergency Contact (Name, Relationship, Phone, Address):</i>			
<i>Special Concerns or Needs:</i>		Hands On Children's Museum Emergency Care Procedure In case of serious injury HOCM will: 1. Call 911 if deemed necessary 2. Attempt to reach parents 3. Attempt to reach emergency contact person indicated above 4. Contact the child's physician if deemed necessary	
<i>Allergies and Medical Information:</i> Note: If your child needs to take medication during this event, you must fill out the Request for Medication Accommodation Form in addition to this form.			
<i>Please list names, relationships and phone numbers of people (other than parent(s) & emergency contact listed above) authorized to pick up your child from HOCM:</i>			
<p>In consideration for the Hands On Children's Museum accepting my child's entry into this camp/program/event, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. I do further release, absolve and waive my right to bring a claim, action suit, or other proceeding against the Hands On Children's Museum, the organizers and sponsors of the program, or instructors of the program for damages due to injuries suffered as a result of participation in the program except for the sole negligence of the Museum. In my absence, I allow HOCM staff to physically assist my child if he/she is in imminent threat to another child or to him/herself. In the event of an emergency I give my permission for the HOCM to seek emergency assistance through calling 911.</p>			
<i>Parent Signature:</i>		<i>Date:</i>	/ /
I give HOCM permission to use my child's photo & to publish it: _____ Yes _____ No			