

SUMMER FIELD STUDIES PARENTAL PERMISSION FORM

Please complete 1 per child and return to: Summer Field Studies Dorr Museum 105 Eden Street Bar Harbor, ME 04609

CHILD'S NAME: _____ Session date(s) _____

Birth Date: _____ Grade entering in fall _____ Gender: _____

Parent(s)' Name(s): _____

Address: _____ Zip code _____

Day phone: _____ Evening phone: _____ email: _____

PERSON TO CONTACT IN CASE OF EMERGENCY-if above is not available

Name and Relation to child: _____ PHONE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD. Use the back of this page or a separate piece of paper if necessary.

Family Physician: _____ PHONE: _____

What was the date of child's most recent tetanus booster? _____

1. Are there any medical conditions that would make it difficult for your child to participate fully in a program that will include strenuous activity and occasionally be removed from immediate access to medical care? _____

Please describe:

2. Does your child have allergies which could cause a reaction to any of the following? Insect bites, plants, drugs, foods, other. Please explain:

3. Is the child taking any prescribed medication? If so, please tell us the drug, the condition for which it is taken, and the frequency of medication.

4. Are there any other special needs you would like us to know of? (I.e., diet, rest, accompanied by an aide, prefer to have in same group with another child, etc.)

5. Please indicate who has permission to pick up your child at the end of each day **or** if and how your child will travel alone. You can update this information during the program, as carpooling and other arrangements are made.

SWIMMING ABILITY (circle one): Non swimmer / Beginner / Intermediate / Advanced

PHOTOGRAPHY: We like to take pictures for use in our brochure, publications, website, and presentations. Please indicate if you have a reason that photos of your child not be used. Photos are fine / No photos please

CAR POOLING Are you interested in having your name and phone number included on our car pooling list during the program? This list will be available the first day of the session. _____ yes _____ no

STATEMENT OF CONSENT: I/We, the parents/guardians of the named candidate, hereby give my/our approval to his/her participation in any activities during the Summer Field Studies for Children programs. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Dorr Museum of Natural History, organizers, instructors, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child.

PARENT/GUARDIAN SIGNATURE _____ Date _____