

SUMMER FIELD STUDIES PARENTAL PERMISSION FORM

Please complete one form per child and return to:

Summer Field Studies ♦ Dorr Museum ♦ 105 Eden Street, Bar Harbor, ME 04609

PARTICIPANT INFORMATION:

Child's Name: _____ Session Date(s): _____
Birth Date: _____ Grade Entering: _____ Gender: _____

Parent(s)' Name(s): _____
Address: _____ Zip code: _____
Day Phone: _____ Evening Phone: _____ Email: _____

Family Physician: _____ Phone: _____
Date of Participant's Most Recent Tetanus Booster: _____

EMERGENCY CONTACT INFORMATION:

Please indicate the person to be contacted in case of an emergency and you can not be reached.

Name: _____ Phone: _____
Relationship to Participant: _____

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PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD Feel free to use the back of this form or a separate piece of paper if necessary.

1. Does your child have any medical conditions that make it difficult to participate in strenuous activities or to occasionally be removed from access to immediate medical assistance? Please describe.

2. Does your child have any allergies (i.e. insect bites, food, drugs, plants, etc.)? If so, please explain and indicate whether or not your child must carry an Epi-Pen.

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

4. Does your child have any other special needs we should know about (i.e. behavior, diet, rest, etc.)?

Please Turn Over and Continue to Read and Fill-out Page 2 – Thank You!

ADDITIONAL CAMP INFORMATION:

CAMPER PICK - UP NOTIFICATION

Please inform an SFS Director of anyone picking up your child from camp other than yourself. Children will not be permitted to leave camp with anyone unauthorized by a parent/guardian.

SWIMMING ABILITY

Please rate your child's swimming level.

Non swimmer Beginner Intermediate / Advanced

PHOTOGRAPHY

We like to take pictures for use in our brochure, publications, website, and presentations. Please indicate whether or not we have permission to use photos of your child in future SFS advertising.

Yes photos are fine No photos please

CAR POOLING

Are you interested in having your name and phone number included on our parent car pooling list?

Yes No thank you

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STATEMENT OF CONSENT:

I/We, the undersigned parents/guardians of _____, 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, directors, instructors, sponsors, participants and persons conducting and supervising my/our child in activities, and transporting my/our child to and from activities, from any claim arising out of injury to my/our child.

PARENT/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

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*Thank you for taking the time to thoroughly fill-out this form!
The information you provide helps to ensure your child's safety throughout her/his participation at
Summer Field Studies.*