

Come Face to Face with the World

Bowers Kidseum
1802 N. Main Street · Santa Ana, CA 92706 · (714) 480-1524

Summer Camp 2011 - Parental Permission/Medical Form

***(Please read this form fully and Carefully before Signing.
A separate form must be completed for each participant)***

Please Print

1. I, _____ the parent/legal guardian give my permission for (*child's name*) _____ to participate in the Bower's and its Santa Ana Education Partners: the Discovery Science Center, the City of Santa Ana's Parks and Recreation Division and the Santa Ana Zoo Summer Camp during the week of _____, 2011.

2. I have also listed my child's allergies and medical condition(s) or restriction(s) on this form, including the name and telephone number of the child's physician or health care facility.

3. I have listed the persons authorized to pick up my child on this form. I understand that the Bowers Kidseum and its Education Partners and their agents or employees are authorized to release my child to any of the persons so listed.

4. In the event my child becomes ill or injured and requires immediate medical attention I hereby authorize the Bowers Kidseum and its Education partners, their agents or employees to consent to on my behalf to x-rays, examinations, anesthetic, medical or surgical procedures, treatment or hospital care, deemed necessary and advisable by and rendered under the supervision of any physician or surgeon licensed under the provisions of the State of California on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

5. I understand and agree that this consent to treatment in advance, following the provisions of California Family Code §6910 does not relieve the parent or guardian of any and all financial responsibilities for such treatment.

6. I further agree to waive, release, absolve, indemnify and hold harmless, to the full extent permitted by law, the Bowers Kidseum and its Education partners, including their officers, agents and employees, from any and all liability and/or claim of injury arising out of camp activities, including but not limited to transportation to and from the activities, whether the result of negligence or for any other cause, for the duration of this camp.

7. I have read and understand the provisions and legal significance of this form and I voluntarily waive any rights, claims or actions regarding personal injury, losses or damages.

Executed this ____ day of _____, 2003, at _____, California.

By _____ (Signature)

Parent *or* Guardian (Check One)

_____ (Print Name)

Address: _____

City: _____

Zip Code: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

Child's Name: _____

Home Address: _____

City: _____

Zip Code: _____

Sex of Child: Male Female Age of Child: _____ years

Please list all Allergies: _____

Please list all Medical Conditions or Restrictions: _____

Blood Type: _____

CHILD'S PHYSICIAN OR MEDICAL FACILITY

Physician's Name: _____

Office Address: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

In case of emergency, please notify: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

Alternate emergency notification: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

I certify that the above information is true and correct. Executed this ____ day of _____, 2003, at _____, California.

By _____ (Signature) _____ (Print Name)
oParent *or* oGuardian (Check One)

PERSONS AUTHORIZED TO PICK UP STUDENT

Only **authorized persons with valid proof of ID** will be allowed to remove the student from the facilities. Please notify the camp authorities immediately should this information change.

1) Name: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

2) Name: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

3) Name: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

I certify that the above information is true and correct. Executed this ____ day of _____, 2003, at _____, California.

By _____ (Signature) _____ (Print Name)
oParent *or* oGuardian (Check One)