

Medical Release and Pick-up Form

Discovery Classes 2012

Participant Information

Child's Name: _____

Age: _____ D.O.B.: _____ Nickname: _____

Parent/Guardian Names: _____

Island Address: _____

Island phone: _____ Cell phone: _____

If you would like you child to be in the same section of a class as another child, please list their names here (requests will be filled when possible but cannot be guaranteed):

Emergency Contact Information

Please list an additional contact that should be reached in case of an emergency.

Emergency Contact: _____

Relationship: _____ Phone: _____

Medical Concerns

Please list any medical issues and/or concerns that your child may have in order to allow our teachers to provide the best possible experience for your child.

Allergies (i.e. food, medicine, seasonal, environmental, etc):

Emotional and/or Behavioral Issues:

Additional Information:

Is your child presently taking any medication? _____

(If yes, please list all medications and dosage your child is currently administered. If your child needs to take any medication (including Epi-Pens) while participating in a Discovery class you must complete and attach an **Authorization to Administer Medication Form**.)

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Permission to Participate and Medical Release

Being a parent or legal guardian of the above-named minor, I do hereby appoint the Maria Mitchell Association and the Emergency Contact listed above to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above-named minor in the event that I cannot be reached. This document will be presented to a physician, dentist or appropriate hospital representative at such time as emergency medical, dental or surgical care or hospitalization may be required. The undersigned hereby agrees to indemnify and hold harmless the Maria Mitchell Association, its agents and employees, from any and all liability, loss, damage, expense, causes of action, suits, claims or judgments for injury to the above mentioned child or other persons or the property resulting from or arising out of the participation of the above mentioned child as a Discovery Class Student, and shall at his/her own cost and expenses defend any and all actions or suits which may be brought against the Maria Mitchell Association, either alone or in conjunction with others, upon any such liability, claim, or claims and shall satisfy, pay and discharge any and all judgments, and fines that may be recovered against the Maria Mitchell Association in any such action or suit, provided, however that the Maria Mitchell Association shall give to the undersigned written noticed of any such claim or demand.

Printed Name of Parent/Guardian: _____

Signature: _____ **Date:** _____

PICK-UP FORM

Please list all the possible people that may pick up your child.

***** Please be aware that MMA staff will be checking I.D.'s to ensure your child's safety. MMA will not allow your child to go home with anyone not on this list. Thank you.**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PHOTO RELEASE

_____ By initializing this section I agree that photos of my child may be used in MMA publications and advertising.

SUNSCREEN/INSECT REPELLENT PERMISSION

I give permission for my child to self-apply sunscreen/insect repellent that I have provided. MMA staff will supervise children during this process. I will apply sunscreen/insect repellent to my child before arriving.

_____ YES _____ NO

I give permission for MMA staff to apply sunscreen/insect repellent that I have provided to my child. I will apply sunscreen/insect repellent to my child before arriving.

_____ YES _____ NO