

PICK UP/DROP OFF INFORMATION FORM

Camper's Name (please print) _____

Please tell us here if you have any special requests or sensitive needs for your child. Please also include if there is a person who should NOT be picking up your child.

For the safety of your children, a PHOTO ID must accompany every person permitted to pick up your child. There will be no exceptions to this policy. If you would like someone to pick up your child who is not on the list, please send written notification prior to the date that individual will pick up your child. All children must be picked up INSIDE the museum building. For safety purposes, children will not be escorted to cars in the parking lot by camp staff.

Please PRINT LEGIBLY the names, contact phone number and relationship to the child of everyone you will permit to pick up your child. Please do not forget to include yourself!

Name	Contact Phone #	Relationship to Child

MEDICAL RELEASE FORM

I hereby give permission for Great Explorations, The Children's Museum to seek medical treatment for any emergencies in the unlikely event of an injury or illness during camp or camp-related events until I can be reached. I agree to pay any expenses incurred for such treatment.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (please print) _____

Hospital Preference _____ Child's Physician/Phone Number _____

Insurance Company and Policy Number Information _____

Please list any **allergies, medications** your child is taking and any other pertinent medical information (e.g., asthma.)

