

MUST be submitted with Education Program registration form



Education Program Medical Form

Parent/Guardian: Please print the following information. These details are important to ensure your child's safety and in helping us to prevent and treat health problems.

Child's Name: First _____ Last _____

Emergency Contact Information

First _____ Last _____ Relation to child _____

Street Address _____ Town/City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____ E-mail _____

Authorized Pick-up

Please list up to six names of anyone (including yourself) who will be picking your child up from Marine Discovery Center programs. Your child will only be released to the people on this list unless written permission is provided at morning drop-off. All individuals on the list or in a written note, including parents, **must show a photo I.D. each time they pick up your child.** This is for your child's safety.

Please print and write the name exactly as it appears on picture I.D.

FULL NAME (As is appears on I.D. - no nicknames)	FULL NAME (As is appears on I.D. - no nicknames)
1 Don't forget to list yourself!	4
2	5
3	6

Remember: All individuals must show a photo I.D. each time they pick up your child.

Provided names **must match photo I.D. exactly.** There will be no exceptions. This is for your child's safety.

Medical Release Information

In order to provide the best possible handling of certain situations, please complete the following medical information and any additional comments pertaining to your child's health and physical limitations. (If yes on any below, you must discuss it with the education coordinator prior to participation in a camp.)

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, etc.)

<u>Medical Problem</u>	<u>Required Treatment</u>	Should paramedics be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes _____ No _____ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes _____ No _____ If yes, explain: _____

Does this child have ear problems that could be affected by water?

Yes _____ No _____ If yes, explain: _____

Does this child carry an Epi-pen or inhaler?

Yes _____ No _____ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

All children are welcome at Marine Discovery Center programs. Please provide us with the tools necessary to give your child the best possible experience at MDC by informing us of any and all special considerations - this may include information on allergies, accessibility concerns, behavioral, physiological or emotional conditions or other special needs. Details of any Education Plans (IEP) or Behavior Plans used with your child at school can often be helpful.

Permissions:

I authorize Marine Discovery Center to give my child basic first aid as needed

No Yes Initials _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. In case of emergency where a parent or guardian cannot be reached, I hereby give consent to the Marine Discovery Center to secure treatment for my child.

No Yes Initials _____

I understand that the Marine Discovery Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian

Initials _____

I understand that I am responsible for updating any personal or medical information that changes by contacting the Education Coordinator

Initials _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____