

You do not need to have your child examined by a physician, but please fill out these forms using your most recent medical records. Please complete a separate form for each child attending camp. Thank you!

CHECK THE SESSIONS YOUR CAMPER WILL BE ATTENDING:

- | | |
|--|---|
| Discovery Days 1 | <input type="radio"/> June 22 - June 26 |
| Survivor: The Franklin | <input type="radio"/> June 29 - July 10 |
| Ooey, Goopy Kablooney: Chemistry's Greatest Hits | <input type="radio"/> July 13 - July 24 |
| Yo! Philly | <input type="radio"/> July 27 - August 7 |
| Bionic Beasts | <input type="radio"/> August 10 - August 21 |
| Discovery Days 2 | <input type="radio"/> August 24 - August 28 |

HEALTH HISTORY

Child's Name _____ Entering Grade / Age _____

Parents/ Guardian Names _____

Insurance _____

Name of Policy Holder _____ Policy# _____

Name of physician _____ Phone _____

Date of the last tetanus shot _____ Date of last health exam _____

Operations or serious injuries (dates) _____

Chronic or recurring illness(es) _____

Comments _____

Check any condition that applies, and elaborate if necessary:

- | | | | | | |
|---------------------------------|--|---------------------------------|--------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> hay fever | <input type="radio"/> poison ivy, oak, etc | <input type="radio"/> allergies | <input type="radio"/> diabetes | <input type="radio"/> asthma | <input type="radio"/> ear infection |
| <input type="radio"/> food | <input type="radio"/> insect stings | <input type="radio"/> epilepsy | <input type="radio"/> medicine | <input type="radio"/> heart trouble | <input type="radio"/> other |

Comments _____

Does your child carry an Epi-Pen? Y or N if Yes, what is the allergy? _____

SPECIAL NEEDS (dietary or mobility needs and/or restrictions) _____

Current medications _____

If there is any additional information that we, as your child's daytime caretaker, should be aware of, please list below (special emotional needs, ADD, phobias, etc.) Include instructions for dealing with these needs.

Comments _____

EMERGENCY CONTACT INFORMATION (Other than parent/ guardians listed above)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



PHOTO RELEASE

I grant permission for my child(ren) to be photographed during Camp. I fully understand that these photos may be used for our Camp newsletter or for advertising purposes **Yes, I do.** **No, I do not.**

UNACCOMPANIED DEPARTURE

I grant permission for my child(ren) to leave the Museum unaccompanied (either by walking or taking public transportation) at the end of Camp at 4:00 PM. **Yes, I do.** **No, I do not.**

ALTERNATIVE DEPARTURE

I grant permission for my child(ren) to leave with the following adult guardians **other than myself:**

Name: _____ Phone: _____

Name: _____ Phone: _____

LUNCH CONFIRMATION

Did you pre-order lunch? **Yes, I pre-ordered lunch.** **No, I did not pre-order lunch.**
If yes, for which days? (Please fill in the circle(s) below for the days you pre-ordered lunch)

- Discovery Days 1 June 22 - June 26
- Survivor: The Franklin June 29 - July 10
- Ooey,Gooy Kablooey: Chemistry's Greatest Hits July 13 - July 24
- Yo! Philly July 27 - August 7
- Bionic Beasts August 10-August 21
- Discovery Days 2 August 24 - August 28

RELEASE

I/We, _____, (parents / guardian name),
being the parent(s) or legal guardian(s) for _____
on behalf of the child / minor hereby release, discharge, and hold harmless, The Franklin Institute, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my / our child's participation in The Franklin Institute's Discovery Camp, except for the willful misconduct or gross negligence of The Franklin Institute.

I / We have carefully read this release prior to its execution and I / we fully understand its contents.

Signature of Parent /Guardian

Relationship to Child

Date

**Please return Health Form, Permission and Release
Lunch Pre-order form (if necessary) to:**

Group Sales
The Franklin Institute
222 N. 20th Street
Philadelphia, PA 19103
Attn: Discovery Camp
Or fax to: 215.448.1235

