



YOU MUST RETURN THIS  
FORM BEFORE YOUR CHILD  
MAY ATTEND CAMP.

**FIELD TRIP RELEASE**

I grant permission for my child(ren) to participate in fieldtrips during the camp day. Parents will be informed of all fieldtrips in advance.  Yes, I do.  No, I do not.

**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**

Please list any one who will actually pick up your child(ren). Only these names will be allowed to pick up. All adults authorized for release must still present a photo ID at pick up. I grant permission for my child(ren) to leave with the following adult guardians other than myself:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE**

I/We, (Parents / Guardian name), \_\_\_\_\_ being the parent(s) or legal guardian(s) for, \_\_\_\_\_ hereby give The Franklin Institute (TFI) staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns (including sunburns) and stings. Medication will not be administered by TFI staff at any time. I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of TFI to provide transportation and treatments, including X-rays and routine tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child. The completed forms may be photocopied for trips out of camp. I agree to assume financial responsibility for all medical and hospital expenses.

On behalf of the child / minor, I 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 to:

Discovery Camp  
The Franklin Institute  
222 N. 20th Street  
Philadelphia, PA 19103

Or fax to: 215.448.1219