



**THE FRANKLIN**



***Have more than one homeschooler attending? Please complete a separate form for each child!***

To register—  
Phone 215.448.1286  
FAX 215.448.1235

***Homeschool Consent Form***

**Emergency Contact Information**

Name of Child \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) completing form: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Phone number parent can be reached day of event: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone number alternate contact can be reached day of event: \_\_\_\_\_

**Drop off/Departure**

Name of persons authorized to drop off (list here): \_\_\_\_\_

Name of persons authorized to pick up (list here): \_\_\_\_\_

Authorization for homeschooler to leave the museum unaccompanied at the end of the workshop day (check here): Yes  No

Authorization for the homeschooler to be photographed during the Homeschool Workshop day. Such photographs may be used for promotional, informational and/or educational for *The Franklin Institute* (check here): Yes  No

**Health History**

Activities may involve physical activity, outdoor activity or food consumption. We request you complete the following information so the appropriate conditions are provided for all students.

Check any conditions that apply, comment if necessary:

hay fever  poison ivy/oak/sumac  non-food allergies  diabetes  asthma

ear infection  insect stings  epilepsy  medicines  heart conditions  other

Date of last tetanus shot \_\_\_\_\_ Date of last health exam \_\_\_\_\_

Date/type of major operations/injuries \_\_\_\_\_

List any special physical, emotional or dietary needs/restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

**Legality**

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 Homeschool Workshops, 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.

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_