

# HOMESCHOOL CONSENT FORM

TO REGISTER—PHONE 215.448.1286; FAX 215.448.1235.



THE  
FRANKLIN  
INSTITUTE

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

## Emergency Contact Information

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

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

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, information 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: \_\_\_\_\_