



Age _____ DOB: _____
Week(s) of Camp: _____

CAMP MEDICAL RELEASE AND CONSENT FORM

Child's Name _____

Any difficulties with vision, hearing or speech that staff needs to be made aware of? If so, please explain.

Any conditions limiting classroom or physical activity? If so, please explain.

Any medications or significant allergies? If so, please explain.

Are immunizations current? (Approximate date) _____

Emergency Contacts must be reachable immediately:

1.	_____	_____	_____	_____
	Name	Relationship to Camper	Home #	Day/Cell#
2.	_____	_____	_____	_____
	Name	Relationship to Camper	Home #	Day/Cell#

Please list the names of **anyone** who will be picking your child up from camp **INCLUDING PARENTS**. Your child will only be released to the people on this list when they are dropped off. **Grandparents or other relatives/friends will not be allowed to pick up your child unless their name is listed on this form. Please use the name as it appears on their I.D. You WILL be asked to show your I.D. each day during pickup, so please plan to have it with you.**

	Name	Relationship to Camper
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Complete this form and e-mail it to South Carolina State Museum at group_visits@scmuseum.org at least 2 weeks before your child's camp session to secure enrollment in the program. This form must be completed and submitted for your child to participate. If you have any questions please call (803) 898-4999.

In case of medical emergency

Primary Care Physician's Name & Telephone #

Preferred hospital of choice_____

I am enrolling my child for an educational program at the South Carolina State Museum. I give permission for my child to engage in those activities and to use any materials selected by the museum staff, except as specifically excluded above. I acknowledge that the South Carolina State Museum does not carry medical insurance for my child and that I am solely responsible for payment for my child's medical care. In case of medical emergency, I understand that every effort will be made to contact parents or guardians from the emergency contacts listed. In the event that these cannot be reached, I give permission for the staff of the South Carolina State Museum to hospitalize, secure proper treatment for, and /or consent to any treatment, injection, anesthesia or surgery deemed necessary for an injury or illness sustained by my child. I agree that I will not bring my child to the South Carolina State Museum while my child is ill with any communicable disease. After discussion with Museum staff, if warranted, I understand that I am responsible for providing an assistant for my child if they need individual attention. I understand that injury or loss of personal property may occur while participating in activities at the South Carolina State Museum and that management assumed no responsibility or liability for accident or loss to any person resulting from or any way connected to the condition or use of the premises. Commercial photography and filming activities are conducted at the South Carolina State Museum. Entry into the museum and/or purchase of any admission or educational program ticket constitutes my consent for the South Carolina State Museum to use my child's picture or child's work for publicity or other such purposes. I understand that the South Carolina State Museum reserves the right to deny access to its facilities to individuals who refuse to obey museum rules or personnel and I also agree that if my child is excluded from any activity because of inappropriate behavior, I am not entitled to a refund.

I have read and understand *all* of the above information and attached policies.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date