



**TENNESSEE AQUARIUM SUMMER CAMP
MEDICAL AND CONTACT INFORMATION
PARENT AUTHORIZATION**

Please check the camp *and* session your child is registered for.

Camper Information

Child's Full Name _____ Nick Name _____

Child's Age _____ Birth Date ____/____/____ Sex: Female ____ Male ____

Address _____ City _____ State ____ Zip _____

<input type="checkbox"/> Aquatots (4-5)
<input type="checkbox"/> Tadpoles (5-6)
<input type="checkbox"/> Polliwogs at the Aquarium (7-8)
<input type="checkbox"/> Polliwogs in the Woods (7-8)
<input type="checkbox"/> Aquart (7-8)
<input type="checkbox"/> Bullfrogs (9-10)
<input type="checkbox"/> Eco-Explorers (11-12)

Parent/Guardian 1 Information

Name _____ Home Phone _____ Email _____

Address _____ City _____ State ____ Zip _____

Employer _____ Work Phone _____ Cell Phone _____

<input type="checkbox"/> Session 1 - June 1-5
<input type="checkbox"/> Session 2 - June 8-12
<input type="checkbox"/> Session 3 - June 15-19
<input type="checkbox"/> Session 4 - June 22-26
<input type="checkbox"/> Session 5 - July 6-10
<input type="checkbox"/> Session 6 - July 13-17
<input type="checkbox"/> Session 7 - July 20-24
<input type="checkbox"/> Session 8 - July 27-31

Parent/Guardian 2 Information

Name _____ Home Phone _____ Email _____

Address _____ City _____ State ____ Zip _____

Employer _____ Work Phone _____ Cell Phone _____

Additional Emergency Contact *if parents cannot be reached*

Name _____ Relation to child _____ Home Phone _____ Cell Phone _____

Please list the adults to whom your child may be released or may provide transportation for your child.

Is there anyone who may not pick up your child? _____

PARENT'S AUTHORIZATION - RELEASE

I am the parent or legal guardian of _____ (the "Participant"), who has my permission to participate in all programs and activities in Tennessee Aquarium Summer Camp (the "Event"). I recognize and acknowledge that participation in the Event necessarily involves the risks of accident, personal injury and/or property damage. I consent to the Participant's participation in the Event and assume all these risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself.

Accordingly, in consideration for the Tennessee Aquarium's allowing the Participant to participate in the Event, I hereby release the Tennessee Aquarium, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities allegedly caused by any negligent act or omission of the Aquarium, arising out of or relating to participation in the Event.

Additionally, in consideration of the Tennessee Aquarium's allowing the Participant to participate in the Event, I hereby agree to indemnify and hold harmless the Tennessee Aquarium for any and all costs, losses, damage, or expense, including attorney's fees, arising out of any claim for personal injuries allegedly caused by any negligent act or omission of the Tennessee Aquarium, arising out of or relating to participation in the Event. I agree that Participant is attending the Event voluntarily and for purely recreational purposes.

Additionally, I agree to allow the Aquarium to use pictures of my child for promotional and news purposes.

Signature _____ Date _____

MEDICAL INFORMATION

Physician Name _____ Phone _____

Insurance Company _____ Policy Number _____

Please list the dates when your child last received the following shots: MMR _____ Tetanus _____

Does your child have any allergies (such as food allergies or bee stings) that we should be aware of? Yes ____ No ____

If yes, please explain: _____

List any conditions that have been diagnosed by a physician, psychologist or psychiatrist: _____

Does your child have any learning or behavior challenges? _____

Will your child be taking any medication, including over-the-counter, during summer camp? Yes ____ No ____

This includes medicines taken before arriving and after departing summer camp.

Will the Aquarium staff be required to administer the medication for the child? Yes ____ No ____

Will your child be taking any medications beyond their expiration date? Yes ____ No ____

Aquarium staff cannot administer expired medication.

If you answered yes above, you must provide the medications and complete the information below.

Medication _____ Dosage Amount _____

Schedule or indication of taking medicine _____

Medication _____ Dosage Amount _____

Schedule or indication of taking medicine _____

Medication _____ Dosage Amount _____

Schedule or indication of taking medicine _____

Special activities to be encouraged or restricted _____

Special dietary regimen to be followed (e.g. vegetarian, lactose intolerant) _____

Does your child carry an Epi-pen? Yes ____ No ____ (See Doctor's Authorization below)

DOCTOR'S AUTHORIZATION

If Aquarium staff needs to administer an Epi-pen, you must obtain the prescribing physician's authorization:

Doctor's Name _____ (please print)

Doctor's Signature _____ Date _____

MEDICAL AUTHORIZATION

I authorize the Aquarium staff to give the medications listed to my child: over the counter, prescribed, emergency medicines – Epi-pen etc. I authorize the Aquarium staff to give permission for medical treatment of my child in the event of an emergency.

I also certify that the personal and medical information contained herein is true and correct to the best of my knowledge.

Signature _____ Date _____