



## MEDICAL/LIABILITY RELEASE

This will serve as my authorization for the Children's Museum of Houston staff and volunteers to obtain necessary and/or surgical treatment for my child in the case of illness, accident, or any emergency situation that may arise, and I am unable to be reached at the time of such emergency. These medical services are to be performed by the Emergency Room Medical Team, or in their absence, by any medical doctor at the nearest hospital.

I further state that I will not hold the Children's Museum of Houston staff and volunteers liable for such medical and/or surgical treatment or any expenses incurred as a result thereof in such cases of illness, accident or any emergency situation.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

Specific Directions Associated with Medication: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE: YOU SHOULD GIVE YOUR CHILD'S MEDICATION TO A CHAPERONE OR TEACHER TO ADMINISTER. THE CHILDREN'S MUSEUM OF HOUSTON STAFF AND VOLUNTEERS WILL NOT DISTRIBUTE MEDICATION TO YOUR CHILD. PLEASE ENSURE THAT ALL SCOUTS IN YOUR GROUP ARE WELL. WE ASK THAT YOU NOT BRING IN A SICK CHILD TO THE MUSEUM. WE RESERVE THE RIGHT TO ASK ANY VISITOR WHO IS SICK TO LEAVE THE MUSEUM.**