

Drop & Date Night Out

2014-2015 HEALTH & PERMISSION FORM



**Your child will not be admitted to the program without this completed form.
Form may be duplicated for each participant and is valid for the entire Drop and Date season.**

PARTICIPANT INFORMATION				
Child's Name	M <input type="checkbox"/> F <input type="checkbox"/>	Age	Birthday	Address
Guardian's Name/s	1 st Phone number to call		2 nd Phone number to call	
	Email Address			
Child's School		How did you hear about this program?		
Please indicate dates you plan to attend. Check all that apply.				
Select Date(s): ___ September 5: Seasonal Change ___ October 3: Gummy, Goopy, and Gross ___ November 3: Thankful Wonders ___ December 5: Winter Wonderland ___ February 6: Star Gazer ___ March 6: Spring Has Sprung ___ April 3: Derby Season				
MEDICAL INFORMATION				
Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. <i>Please note that the Kentucky Science Center staff will not administer medication to any child. The Science Center is unable to provide one-on-one attention for any child.</i>				
Child's Physician		Physician's Phone Number		
Emergency Contact (Other than Guardian)	Relationship	Daytime Phone	Cell Phone	
CHILD PICK-UP INFORMATION				
Please provide the contact information for any additional people you wish to be authorized to pick up your child.				
Name	Relationship		Phone Number	
Name	Relationship		Phone Number	
GOOD BEHAVIOR PLEDGE & PHOTO RELEASE				
Please read the pledge aloud with your child and sign below.				
I pledge to treat the Kentucky Science Center, fellow participants, staff, volunteers & visitors with respect & kindness. I will pick up after myself & do my best to take care of Science Center property. I will walk & use my inside voice while in the Science Center. I understand the importance of listening to camp staff & staying with my group. I will try new things & explore all that my camp has to offer!				
Child's Signature _____		Date _____		
I authorize the Kentucky Science Center to use my child's photograph for education, advertising and PR purposes.				
Parent/Guardian Signature _____		Date _____		