



Emergency Medical Release & Liability Waiver

DO NOT MAIL. PLEASE BRING COMPLETED FORM TO FIRST DAY OF CAMP

Child's Name: _____

Street Address _____ City _____ Zip _____

Allergies: _____ Other Medical Conditions: _____

Are all immunizations records current? _____ Date of last tetanus shot: _____

Physician: _____ Phone: _____

Medical Insurance Company: _____

Policy Holder's Name: _____ Policy # _____

Emergency Information

Mothers Name _____ Home Phone: _____

Work Phone _____ Cell / Pager: _____

Fathers Name: _____ Home Phone: _____

Work Phone: _____ Cell /Pager: _____

In an emergency when parent /guardian cannot be reached, please contact the following:

Name: _____ Home Phone: _____

Work phone: _____ Cell/Pager: _____

Name _____ Home Phone: _____

Work phone: _____ Cell/Pager: _____

We the parent/guardian authorize Destination Science to arrange emergency medical care for the above named child while at the Destination Science Camp. We also hereby release Destination Science and **Stetson University** its agents, owners and employees from any claims for accident, injury or loss of valuables that may occur during his /her stay at the camp. My signature below acknowledges my release and waiver of any claim for damages from any such accident, injury or loss. I hereby give permission to photograph the above named child and allow use of pictures in advertising or reports about Destination Science Camp.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Print Name: _____

