



Permission to Participate: Mid-Winter Camp: Feb17th-18th, 2020

Child's Name: _____ Child's Date of Birth: _____ Child's Age: _____

Parent/Guardian Name(s): 1. _____ 2. _____

Street Address: _____

Parent/guardian location(s) and phone number(s) during program hours:

Emergency contact name and phone number (please list someone outside child's immediate family):

Please list names, relationships, and phone numbers of anyone not already listed on this form that is authorized to pick up your child from HOCM:

Physician's name and phone number: _____

Allergies and medical information: _____

Note: if your child needs to take medication during this event, you must fill out the Request for Medical Accommodation Form in addition to this form.

Special concerns or needs: _____

Hands On Emergency Care Procedure	Behavior Expectations	Liability Waiver
In case of serious injury or emergency HOCM will: 1. Call 911 if deemed necessary 2. Attempt to reach parent/guardian 3. Attempt to reach emergency contact person indicated above 4. Contact child's physician if deemed necessary	Our camp teachers will use behavioral management strategies to uphold acceptable classroom behavior. If these strategies are unsuccessful, the child will be removed from the classroom and the parent will be called to pick up the child. If a parent needs to be called a second time for disruptive behavior, we may ask the parent to withdraw the child from the program and seek a more appropriate setting. If this occurs, a pro-rated tuition amount will be refunded for the days the child does not attend.	In consideration for the Hands On Children's Museum accepting my child's entry into this camp/program/event, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. I do further release, absolve, and waive my right to bring a claim, action suit, or other proceeding against the Hands On Children's Museum, the organizers and sponsors of the program, or instructors of the program for damages due to injuries suffered as a result of participation in the program except for the sole negligence of the museum. In my absence, I allow HOCM staff to physically assist my child if he/she is in imminent threat to another child or him/herself. In the event of an emergency I give my permission for HOCM to seek emergency assistance through calling 911.

Please note that programs may leave the museum for emergency drills and field trips.

Parent/Guardian signature: _____ Date: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms.

I give HOCM permission to take and publish photographs of my child: Yes No

Return electronically to campforms@hocm.org at least one week prior to camp, or bring completed form to the first day of camp. *Please note:* if your camper requires medical accommodations or has special needs, permission slip and medical accommodation form must be returned two weeks prior to the first day of camp.