TENNESSEE AQUARIUM SUMMER CAMP 2012
PARENT AND MEDICAL INFORMATION FORM

- Please check the camp and the session your child is registered for in the boxes to the right.
- Please complete all fields on this form.
- Children cannot attend camp with out this form completed and signed by their parent or legal guardian.

☐	Session **1** June 4-8		
☐	Session **2** June 11-15	☐	**Aquatots** (ages 4-5)
☐	Session **3** June 18-22	☐	**Tadpoles** (ages 5-6)
☐	Session **4** June 25-29	☐	**Polliwogs** (ages 7-8)
☐	Session **5** July 2-6	☐	**Treefrogs** (ages 7-8)
☐	Session **6** July 9-13	☐	**Bullfrogs** (ages 9-10)
☐	Session **7** July 16-20	☐	**Eco-Explorers** (ages 11-12)
☐	Session **8** July 23-27	☐	**Quest** (ages 13-14)
☐	Session **9** July 30- Aug 3		

Camper Information

First & Last Name _____ Age _____ Birth Date ____/____/_____

Address _____ City _____ State _____ Zip _____
*Please enter address where child **will be staying** during camp*

Parent/Guardian 1 Information

First & Last Name _____ Email _____

Address _____ City _____ State _____ Zip _____
If different from above

Primary Phone _____ Secondary Phone _____ Work Phone _____ Employer _____

Parent/Guardian 2 Information

First & Last Name _____ Email _____

Address _____ City _____ State _____ Zip _____
If different from above

Primary Phone _____ Secondary Phone _____ Work Phone _____ Employer _____

Additional Emergency Contact *if parents cannot be reached*

First & Last Name _____ Relation to child _____

Primary Phone _____ Secondary Phone _____ Work Phone _____ Employer _____

Please list the adults providing transportation for your child. _____

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

Medical Information

Physician's Name _____ Phone _____

Insurance Company _____ Policy Number _____

Please list the dates when child **last** received shots for: MMR ___/___/___ Tetanus ___/___/___

(Please continue on second page)

PARENT AND MEDICAL INFORMATION FORM

(continued)

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 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 to any of the questions 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 _____

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

List any learning or behavior challenges your child may have: _____

Does your child carry an inhaler for asthma? Yes ____ No ____

Please make sure your child has it with him/her at all times

List any allergies (food or insect stings) that we should be aware of : _____

Does your child carry an Epi-pen? *Yes ____ No ____

*If Aquarium staff is to administer an Epi-pen, you must obtain the prescribing physician's authorization.

DOCTOR'S AUTHORIZATION

(For Epi-pen administration only)

Doctor's Name: _____ Doctor's Signature: _____ Date: _____

(please print)

WAIVER OF LIABILITY FOR A MINOR

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 of any nature whatsoever arising out of or relating to participation in the Event.

I further understand and attest that the group leader has all necessary medical information and my permission to authorize medical treatment for the Participant should an emergency occur at this Event.

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

Signature _____ Printed Name _____ Date _____