



10 Bluff View
Chattanooga, TN 37403

Ph: 423.752.2051
Fx: 423.267.9844

Parental Consent and Emergency Medical Form
Hunter Museum Summer Camp 2019

Camper Information:

First and Last Name:	Date of Birth:	Gender:
_____	_____	_____
Address: (during camp)	City:	State & Zip:
_____	_____	_____

Parent/Guardian 1 Information:

First & Last Name:	Relationship to Child:	
_____	_____	
Address:	City:	State & Zip:
_____	_____	_____
Phone 1:	Phone 2:	Email:
_____	_____	_____

Parent/Guardian 2 Information:

First & Last Name:	Relationship to Child:	
_____	_____	
Address:	City:	State & Zip:
_____	_____	_____
Phone 1:	Phone 2:	Email:
_____	_____	_____

Additional Emergency Contact:

First & Last Name:	Relationship to Child:	
_____	_____	
Address:	City:	State & Zip:
_____	_____	_____
Phone 1:	Phone 2:	Email:
_____	_____	_____

List adults providing transportation for your child:

Is there anyone who may **not** pick up your child? :

Medical Information:

Physician's Name:	Phone:
_____	_____

Will your child be taking any medication during camp?	Yes	No
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List Medications:

Will staff be required to administer medication?	Yes	No
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Provide instructions:

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? Yes No

List any allergies that we should be aware of:

Does your child carry an Epi-pen? Yes No

Do we have your permission to administer the Epi-pen when necessary? Yes No

Sign and date:

Waiver of Liability for a Minor

I am the parent or legal guardian of _____ (camp participant), who has my permission to participate in all programs and activities in the Hunter Museum of American Art Summer Camp. I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with such camp.

Accordingly, in consideration for the Hunter Museum of American Art allowing my child to participate in camp, I hereby fully release and discharge the Hunter Museum of American Art, its officers, directors, employees, agents and volunteers from any and all claims, causes of action, from injuries, including death damages or loss and liabilities of any nature whatsoever arising out of, connecting with or in any way associated with the activities relating to the camp or participation in camp.

I further understand and attest that the group leader has all necessary medical information and my permission to authorize medical treatment for my child should an emergency occur during camp.

Signature:

Printed Name:

Date:

Questions/ Concerns? Contact Rachel Veal at 423.752.2051 or rveal@huntermuseum.org.