

The Iowa Children's Museum
319.625.6255

Emergency Form for Kids' Only Programs

Child's Name _____

Child's Birthdate _____ Does your child have allergies? _____

If yes, please list allergens: _____

In the space provided, please share your child's response to the allergen(s) noted: _____

Provide information about action that needs to be taken if your child encounters an allergen: _____

List any special needs: _____

Please share any accommodations that need to be made due to any special needs: _____

**Please note: The Iowa Children's Museum welcomes children of all abilities to participate in ICM camps; however, we are unable to assign a staff member to each child. If your child requires one-to-one care and attention, please contact Mollie Willis, Education Program Coordinator.*

Parent(s) Name _____

Address _____

City/State/Zip _____

Contact Numbers

First contact name & number _____

Second contact name & number _____

In the case of an emergency where we are unable to contact you or your spouse, we should contact:

Emergency Contact Name _____

Home Phone Number(s) _____

Work Phone Number(s) _____

Cell Phone Number(s) _____

Parental Emergency Medical Consent

In the event that my child (listed above) may require medical and/or surgical care while I am unable to be reached, I hereby give my consent to medical and/or surgical treatment. In the event that my child (listed above) may require dental and/or dental surgical care while I am unable to be reached, I hereby give my consent for dental and/or dental surgical treatment. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

Signature Parent/Guardian

Date

Please initial next to each statement

_____ I understand that my child needs to be able to participate appropriately in camp activities. If my child displays unsafe or disruptive behavior, I understand that I will be contacted to discuss possible solutions to the situation.

_____ I authorize The Iowa Children's Museum to administer first aid to my child.

_____ Photographs or video recordings may be taken during camp for use by The Iowa Children's Museum. Identifying information will NOT be published. I give permission for my child's image to be used in any or all media.