

ORLANDO SCIENCE CENTER CAMP RELEASE FORM

Orlando Science Center Member	r # Ex	kp. Date	Non-Membe	r Emp	ployee	
Camper Informati	on	N	My child is entering	g grade	in Aug. 20	
Camper's Last Name	Camper's First Name	M.I.	Date of Birth	Age Ge	nder: M / F	
Street Address	City	State	Zip	School Atte	School Attending	
Home Phone	Previous Camper?	Yes No	Y	ears attended?		
Parent/Guardian Info	ormation					
Parent/Guardian Last Name	First Name	Phor	ne (during day)	ng day) Alternate Phone		
Parent/Guardian Last Name	First Name	Phon	e (during day)	Alternate Pl	hone	
Emergency Contact contacted in case of an emergence	ey). 				and/or may be	
Emergency Contact Last Name	First Name	Phone (du	iring day) Alte	ernate Phone		
Emergency Contact Last Name	First Name	Phone (du	ring day) Alte	ernate Phone		
Alternate Contact Last Name	First Name	Phone (du	ring day) Alte	ernate Phone		
Waiver and Release						
 I understand and agree that the my child may sustain as a result of a result in the original of the original ori	alt of his or her participation in Science Center is not responsionally rlando Science Center to use, clude my child, my family's in I hereby agree that OSC may be such action reasonably refer to the appropriate medical factors.	without limit image, or me initiate the 9 necessary. Yo cility and beg	rogram. conal property lost of the purpose of the purpose of the emergency system signature below in treatment according to the control of t	r stolen while a n, photographs, promoting the tems, and hereby allows the Orl ding to what th	film footage, or Science Center. by specifically lando Science e responding	
I/We have carefully read this rele	ease prior to its execution and	d I/we fully u	nderstand its conte	ents.		
Signatu	re of Parent/Guardian		Date			



MEDICAL RELEASE AND HEALTH HISTORY

Camper Name:		Grade:		
The following information must be filled in by the parent/gua background to provide appropriate care. Any changes to this Provide complete information so that the camp can be aware	form should be pro	vided to OSC Camp Staff upon arrival to camp.	the	
Allergies List all known and describe reactions and mar	nagement of the rea	ction.		
Medical allergies				
Food allergies				
Other allergies				
Medical Information Please list all medications to prescription, dosage, and frequency. This includes the epi-per	•	p it in its original packaging/bottle that identifies	s the	
Med #1 R	eason for taking			
Med #2 R	eason for taking			
Med #3 R	eason for taking			
If your child has a medical condition that needs special attent				
Restrictions The following restrictions apply to this camper. Dietary: Does not eat dairy products. Does not eat eggs. Other: describe	Activities: (what cannot be done, limitations?) Please describe/list:			
Insurance Information Is the camper covered by family medical/hospital insurance?	Yes No			
Family Physician/Clinic:	_ Location:	Phone:		
Insurance Company:	ID #:	Group #:		
Authorization Sign here to release information in case of an emergency:				