

Cape Cod Museum of Natural History Form #1
2017 KidSummer Program
Emergency Information Card

Parent/guardian: Please fill out this form. The instructor will carry this along on field trips so that This information is handy in case of an emergency. Thank you.

Child's name: _____ Date of Birth: _____

Parent/guardian name: _____

Phone #: _____

In case of emergency, these contacts will be called in this order if the phone # above does not answer. (Please make sure to list any local, Cape Cod numbers);

1. Name: _____ Phone #: _____

Relationship to child: _____

2. Name: _____ Phone #: _____

Relationship to child: _____

3. Name: _____ Phone #: _____

Relationship to child: _____

Child's allergies or special concerns: _____

Reminder: If you are more than 10 minutes late picking up your child, we will assess a childcare fee of \$5.00 for each 5 minutes you are late, at the discretion of the administrator. Your child will be in the KidSummer office.

Release Form

I hereby give permission for my child to participate in the activities at the Cape Cod Museum of Natural History (CCMNH). I understand that CCMNH cannot assume responsibility for accidents or injuries sustained on the premises or while my child is under the care of its staff. I also give permission to the staff of CCMNH to take my child to Cape Cod Hospital in case of accident or emergency for any treatment that may be necessary. I understand that I, and not CCMNH, will be responsible for any medical bills.

Parent/guardian signature: _____ Date: _____



I give permission for my child's photo and/or name to be used in publicity. Yes _____

Class photo only _____

Parent/guardian signature: _____ Date: _____