



AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

***Fill out and bring to camp on the first day.**

(I), (We), the undersigned, the parent(s)/guardian(s) of _____, a minor, do hereby authorize Science Explorers, Inc. and contractors, for the undersigned to consent to any emergency treatment deemed advisable by, and rendered under the general or specific supervision of any physician/surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

We hereby give permission for my/our child(ren) to attend and participate in the Science Explorers Camp.

Name of Health Insurance Company: _____

Health Insurance Policy Number: _____

My child has the following conditions or allergies that may occur:

In the event of an emergency, I can be reached at the following numbers:

LIABILITY RELEASE

I, the undersigned, agree to save and hold harmless Science Explorers, Inc. and respective departments, organizations, boards, commissions, officers, agents, and employees and contractors from any liability whatsoever for any harm, personal injury, or property damage which I or my child _____, may cause or suffer arising out of his/her participation in the Science Explorers Program. In addition, I give permission for my child to be filmed or photographed for Science Explorers™ promotional purposes.

Parent or Legal Guardian (Print)

Date

Parent or Legal Guardian (Signature)

Camp Location and date child is attending



Agreement to Oversee Intake of Medication While at Summer Camp

*Fill out only if necessary.

Dear Parent or Guardian:

To insure good health, it is sometimes necessary for children to receive medication during camp activities. Policy limits the providing of medications during camp to either prescription medicines or over the counter medicine necessary for ensuring a camper's health.

Should medication be required during camp the following procedure must be followed.

The medication, in its original container, labeled with a prescription by a pharmacist or a physician, must be accompanied by this completed permission slip from the parent or guardian. Any medication that comes under the law of controlled substances (such as Ritalin) **must be presented** to the camp instructor by the parent/guardian. Please **DO NOT** send unlabeled containers to camp. All medications will be kept in the instructor's possession. Campers who need to self-administer medications (such as inhalers) are permitted to do so with the instructor's permission and are required to report each self-administered dose to the instructor.

The taking of medications is a serious health concern, and your cooperation in following the above guidelines to insure your child's health is appreciated. Please complete and return this form should your child need to take medication at camp.

Sincerely,

Science Explorers

I hereby grant permission for the camp instructor to oversee the intake of medication to my child as listed below:

Name of Child _____ Grade _____

Name of Medication _____

Possible Side Effects _____

Time to be given _____ Amount to be given _____

Additional Instructions _____

Camp Location/ Date _____



Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies

***Fill out only if child has severe allergies, one form per child.**

This is a release and waiver of liability for administering emergency treatment to children with severe allergies (hereinafter, referred to as the "Release") made this

____ day of _____, 20____, by and between Science Explorers, Inc. and _____ (parent/guardian) residing at _____ (address) who is the guardian of _____ (child's name) .

Whereas, Science Explorers provides child care services at numerous facilities across the country and the guardian has engaged Science Explorers to provide science camp/club for _____ (child's name).

Whereas, Science Explorers has been requested by the guardian to administer emergency treatment, including the administration of epinephrine, to the child during certain emergency situations when the child has come into contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child's "Authorization For Emergency Care of Children With Severe Allergies," all in accordance with and subject to Science Explorers, Inc. policy for administering emergency treatment to children with severe allergies. Now, therefore, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent/Guardian hereby releases and forever discharges Science Explorers, Inc. and its employees or agents from any and all liability arising in law or equity as a result of Science Explorers, Inc. employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Severe Allergies," hereinafter referred to as the "Authorization," provided that Science Explorers, Inc. has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of _____, which is the location of the Science Explorers camp/club in which the child is enrolled, excluding its choice of law provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, weather written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional physician's instructions or clarifications) which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The reference in this Release to the term Science Explorers, Inc. shall include Science Explorers, Inc., its affiliates, successors, directors, officers, employees and representatives. The term parent/guardian shall include the dependents, heirs, executors, administrators, assigns and successors or each.
5. If one or more of the provisions of this Release shall for any be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be constructed as if such invalid, illegal or unenforceable provisions had not been contained herein.

Parent/Guardian: _____

Date: _____

Signature: _____

Relationship to Child: _____

Allergy Treatment Training Acknowledgement

I, _____ (Science Explorer's affiliate), have been trained by _____ (parent/guardian/designee) to administer Epinephrine and/or provide other emergency care to _____ (child), a child enrolled at Science Explorers' club/camp.

In the event that the child has been exposed to _____ and is at risk of anaphylactic reaction, or if the child exhibits the symptoms described in the "Authorization for Emergency Care of Children with severe Allergies," which is attached to and made a part of this Acknowledgment.

Name: _____ (Science Explorer's affiliate)

Date of Training: _____

Signature: _____

Signature: _____ (Parent/Guardian)