



Release Form

By signing this form, I give the Museum of Arts and Sciences the right to use _____ appearance in news media and promotional segments.

I give the Museum of Arts and Sciences permission to publish or use photographic portraits, still pictures, videos, and/or audio transmissions of the child, along with the child's name, for art, advertising, trade, websites, public information, television, cable television, satellite transmission, films, newspaper, videotape, video cassettes, and/or digital video and/or other lawful purposes.

I release the Museum of Arts and Sciences from any liability for the use of these images or reproductions thereof.

FOR MINORS, A SIGNATURE IS REQUIRED BY THE MINOR'S PARENT OR LEGAL GUARDIAN

Accepted and Approved _____

Signature of Parent or Legal Guardian

Date



Student's Medical Information

In order to provide the best possible handling of certain situations please complete the following medical information:

1) Does Student:

a) Have any allergy to insect stings? _____

i) If yes, this must be discussed with program administrators before participation can begin.

b) Have diabetes? _____

c) Have epilepsy? _____

d) Have any other allergies or disabilities: _____

i) If yes, please describe (ex: Epi-pen) _____

2) Name and phone number of family physician: _____

3) Is there any other health conditions that may affect your child's participation on any part of the program (mental/physical limitations or conditions)? _____

Home phone: _____

Cell phone: _____

Work: _____

Emergency Contact: _____



Form of Consent

I believe the information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my child's participation in this camp sponsored by the Museum of Arts and Sciences.

I hereby grant permission for my child to take part in this camp sponsored by the Museum of Arts and Sciences. I also agree, on behalf of myself or my child, not to make any claims of any kind against the Museum of Arts and Sciences or any of its employees or agents for any loss or injury that my child might sustain while engaged in the camp program. I authorize such physician or medical staff as the Museum of Arts and Sciences may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well-being of my child. *

Parent or Guardian Signature(s)

Student's Name

Age

Date

*I authorize the Museum of Arts and Sciences to arrange any emergency treatment if I cannot be reached. (Optional)

Parent or Guardian Signature(s)



Code of Conduct

Dear Parent/Guardian,

Please read and review our Code of Conduct with your child and return it when you drop them off on their first day. A parent/guardian will be called to pick the child up if they do not follow these guidelines.

The Museum of Arts and Sciences campers are expected to treat each other, camp counselors, staff members, and their environment with respect. Physically aggressive, unsafe or continuously disruptive behavior is not acceptable and may result in the immediate and indefinite suspension of a camper. No refunds will be issued for campers who are suspended or expelled.

I, _____, have discussed the Code of Conduct with my camper and they understand what is expected from them at the Summer Learning Institute.

Parent/Guardian Signature _____ Date _____



Camper Name:

Camper ID:

List of Approved Alternate Pick-Ups:

Parent/Guardian Name	Relationship to Camper

MOIAS

MUSEUM OF ARTS & SCIENCES
Daytona Beach, Florida

*Please present this card with your child's name, parent(s) name who will be responsible for pick up and drop off, and the camper's ID number (will be given to the child on their first day of camp)

**If there is a change in the parent or adult responsible for pick up and/or drop off the child, please contact the *Front Desk, 386-255-0285*, regarding this change and the name of the adult. The adult responsible will also need to present this card to the camp instructor.

*****They can present a hard copy, or have it pulled up on their phone with the appropriate information.**

Camper Name:

Camper#:

Parent/Guardian:

***This card is required for pick up.**

Camper Name:

Camper#:

Parent/Guardian:

***This card is required for pick up.**