

Talcott Mountain Science Center Summer Program Medical Form & Release

Student Name: _____ Date of Birth: ___/___/___ Gender: M F

Except as noted on this form, I believe that my child can successfully participate in mainstream group activities. I understand that effort will be made to contact me before emergency authorization or hospital treatment is given. In case of an emergency, I/We give permission to the physician selected by a Talcott administrator to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child. I/We will be responsible for any and all costs of such medical treatment and if indicated have medical insurance to cover these costs.

Insurance company: _____ Insured ID# _____

Parent Name: _____

Phone - Home: _____ Work: _____ Cell: _____

Parent signature: _____ **Date:** _____

EMERGENCY CONTACT NAME: _____

Phone - Home: _____ Work: _____ Cell: _____

Medical background (Check or give approximate dates)

_____ Ear infection /abscess _____ Fainting _____ Motion Sickness _____ Heart Issues

_____ Seizures _____ Diabetes _____ Asthma _____ Epilepsy

Allergies: ___ Bee stings ___ Penicillin ___ Food: _____

___ Other / Details: _____

NOTE: Please notify the Science Center if your child has been exposed to any contagious condition(s) during the three weeks prior to the program: _____

Special Considerations: Does your child require any special treatment or consideration for any condition (i.e. learning disabilities, special needs, behavioral, hearing or vision issues, etc)? _____ Yes _____ No

If "Yes" please detail: _____

Medication: Will your child be taking any over-the-counter or prescription medications? _____ Yes _____ No

If "Yes", Please explain: _____

All medications are to be handed to a staff member when your child attends their first day. Please do not send medications packed in your child's belongings. All medications must be in original packaging with a medication authorization form.

PARENTAL PERMISSION

My child has permission to participate in the scheduled activities of the session for which he/she is registered. I understand that photos and videos are taken regularly as part of the summer program and may be used in Talcott newsletters, literature, public materials and electronic media.

_____ Accept _____ Decline my child to be included in photos / videos

Parent signature _____ **Date** _____

Please return to TMSC - by mail to 324 Montevideo Rd Avon CT 06001 or via fax 860-676-0421