

Second Chances Wildlife Center Science Saturdays Form

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD).

<u>Medical Problem/Diagnose</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food, medication, or animal?

Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Second Chances Wildlife Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

I hereby release and hold Second Chances Wildlife Center, Brigitte Brouillard, and their respective officers, directors, employees, and volunteers, from liability for any and all actions, claims, damages, disabilities, liabilities and expense of any kind, type or nature that may arise in any manner whatsoever out of my child's activities as a student at Second Chances Wildlife Center.

Parents/Guardians Initials _____

I understand that my child will have the opportunity to touch USDA licensed animals in a controlled manner with supervision. My child will not be allowed to hold the animals.

Parents/Guardians Initials _____

How did you hear about Science Saturdays? _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Second Chances Wildlife Center programs**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Second Chances Wildlife Center.

Parent's/Guardian's Initials _____

Science Saturdays Fees:

6 week session (9AM-12PM)
\$200

Camp dates for which you are registering: _____

Circle Payment: Check Credit Card (add 3 % processing fee)

Credit Card: MC Visa

Name on card: _____

Number: _____ EXP: _____ CSC: _____