



**TENNESSEE AQUARIUM SUMMER CAMP**  
**MEDICAL AND CONTACT INFORMATION**  
**PARENT AUTHORIZATION**

Please check the camp *and* session your child is registered for.

**Camper Information**

Child's Full Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female \_\_\_\_ Male \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

<input type="checkbox"/> Aquatots (4-5)
<input type="checkbox"/> Tadpoles (5-6)
<input type="checkbox"/> Polliwogs at the Aquarium (7-8)
<input type="checkbox"/> Polliwogs in the Woods (7-8)
<input type="checkbox"/> Aquart (7-8)
<input type="checkbox"/> Bullfrogs (9-10)
<input type="checkbox"/> Eco-Explorers (11-12)

**Parent/Guardian 1 Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<input type="checkbox"/> Session 1 - June 1-5
<input type="checkbox"/> Session 2 - June 8-12
<input type="checkbox"/> Session 3 - June 15-19
<input type="checkbox"/> Session 4 - June 22-26
<input type="checkbox"/> Session 5 - July 6-10
<input type="checkbox"/> Session 6 - July 13-17
<input type="checkbox"/> Session 7 - July 20-24
<input type="checkbox"/> Session 8 - July 27-31

**Parent/Guardian 2 Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Additional Emergency Contact** *if parents cannot be reached*

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list the adults to whom your child may be released or may provide transportation for your child.

\_\_\_\_\_

Is there anyone who may not pick up your child? \_\_\_\_\_

**PARENT'S AUTHORIZATION - RELEASE**

I am the parent or legal guardian of \_\_\_\_\_ (the "Participant"), who has my permission to participate in all programs and activities in Tennessee Aquarium Summer Camp (the "Event"). I recognize and acknowledge that participation in the Event necessarily involves the risks of accident, personal injury and/or property damage. I consent to the Participant's participation in the Event and assume all these risks in connection with the Event. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself.

Accordingly, in consideration for the Tennessee Aquarium's allowing the Participant to participate in the Event, I hereby release the Tennessee Aquarium, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities allegedly caused by any negligent act or omission of the Aquarium, arising out of or relating to participation in the Event.

Additionally, in consideration of the Tennessee Aquarium's allowing the Participant to participate in the Event, I hereby agree to indemnify and hold harmless the Tennessee Aquarium for any and all costs, losses, damage, or expense, including attorney's fees, arising out of any claim for personal injuries allegedly caused by any negligent act or omission of the Tennessee Aquarium, arising out of or relating to participation in the Event. I agree that Participant is attending the Event voluntarily and for purely recreational purposes.

Additionally, I agree to allow the Aquarium to use pictures of my child for promotional and news purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list the dates when your child last received the following shots: MMR \_\_\_\_\_ Tetanus \_\_\_\_\_

Does your child have any allergies (such as food allergies or bee stings) that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

List any conditions that have been diagnosed by a physician, psychologist or psychiatrist: \_\_\_\_\_

Does your child have any learning or behavior challenges? \_\_\_\_\_

Will your child be taking any medication, including over-the-counter, during summer camp? Yes \_\_\_\_ No \_\_\_\_

*This includes medicines taken before arriving and after departing summer camp.*

Will the Aquarium staff be required to administer the medication for the child? Yes \_\_\_\_ No \_\_\_\_

Will your child be taking any medications beyond their expiration date? Yes \_\_\_\_ No \_\_\_\_

*Aquarium staff cannot administer expired medication.*

If you answered yes above, you must provide the medications and complete the information below.

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Special activities to be encouraged or restricted \_\_\_\_\_

Special dietary regimen to be followed (e.g. vegetarian, lactose intolerant) \_\_\_\_\_

Does your child carry an Epi-pen? Yes \_\_\_\_ No \_\_\_\_ (See Doctor's Authorization below)

**DOCTOR'S AUTHORIZATION**

If Aquarium staff needs to administer an Epi-pen, you must obtain the prescribing physician's authorization:

Doctor's Name \_\_\_\_\_ (please print)

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I authorize the Aquarium staff to give the medications listed to my child: over the counter, prescribed, emergency medicines – Epi-pen etc. I authorize the Aquarium staff to give permission for medical treatment of my child in the event of an emergency.

I also certify that the personal and medical information contained herein is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_