



# OVERNIGHT ADVENTURE HEALTH HISTORY & PERMISSION FORM

**To be completed for every child attending our overnight program!**

HEALTH HISTORY			
Name	M <input type="checkbox"/>	F <input type="checkbox"/>	Age _____ Birth date _____
Guardian's Name	Phone Number	Alt Phone Number	
Troop/Pack # (if applicable)			
Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. <i>Please note that the Louisville Science Center staff will not administer medication to any child.</i>			
Family Physician			
Emergency Contact (Other than Guardian)		Physician's Phone Number	
Relationship	Daytime Phone	Cell Phone	
PERMISSION FORM			
To be completed for each minor in the group			
The above health history is correct so far as I know, and the child named above has my permission to engage in the 2011-2012 Overnight Adventure program at the Louisville Science Center. In the event that I cannot be reached in an emergency, I hereby give permission to the Workshop Coordinator, Overnight Manager, and/or Managing Director of Visitor Experience to secure emergency medical services including transportation and physician. The Louisville Science Center and its staff will not be held liable for any accidents or injuries that may occur and are hereby released therefrom.			
Signature _____ Date _____			
Relationship to Camper _____			
PHOTO RELEASE			
<i>I authorize the Louisville Science Center to use my child's photograph for education, advertising and public relations purposes.</i>			
Parent/Guardian Signature _____ Date _____			