



# 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	Height	Weight (campers only)
Guardian's Name	Phone Number			Alt Phone Number	
Troop/Pack # (if applicable)					
<p>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></p> <hr/> <hr/> <hr/>					
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					
<p>The above health history is correct so far as I know, and the child named above has my permission to engage in the 2010-2011 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.</p>					
Signature_____ Date_____					
Relationship to Camper_____					
PHOTO RELEASE					
<p>I authorize the Louisville Science Center to use my child's photograph for education, advertising and public relations purposes.</p>					
Parent/Guardian Signature _____ Date _____					