The McFaddin-Ward House Museum
Permission Form

2017 SUMMER DAY CAMP

This form must be completed and returned for your child.

I give my permission for _____ to participate in
Name of participant
McFaddin-Ward House summer camp activities.

The staff of the McFaddin-Ward House takes every precaution to make each trip or activity as safe as possible. Please supply the following information as an added protection for your child:

List any allergies your child has:
foods _____
drugs _____
insect stings _____
poison ivy or other plants _____
Does he/she wear glasses or contact lenses? yes ___ no ___
Is he/she epileptic? yes ___ no ___
Is he/she diabetic? yes ___ no ___
Should the museum be prepared to provide special accommodations to allow your child to participate? yes ___ no ___
If yes, what? _____
Will he/she be required to take any medication during programs?
yes ___ no ___
If yes, list meds, time to be taken, and dosages _____
_____

Please give at least two phone numbers where parent/guardian can be reached in case of illness or emergency**:** **(Please Print names)**

1. _____

2. _____

I understand that McFaddin-Ward House and/or its employees or adult sponsors will not be held responsible in case of an accident. I give McFaddin-Ward staff permission to transport my child either in the museum's van or personal vehicles (if necessary) for museum-related activities. This also gives my permission for my child to receive medical treatment if needed.

I hereby allow the McFaddin-Ward House to take photographs or make videos of my child/children to be used for the McFaddin-Ward House public relations and archival purposes only. yes ___ no ___

PARENT'S SIGNATURE _____ **DATE** _____