

**The McFaddin-Ward House Museum  
Permission Form**

**2018 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 McFaddin-Ward House public relations, social media, newsletters, etc.**

Yes \_\_\_                      No \_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_