



Classes & Camps Health Form

Child's name: _____ Age: _____

Camp name: _____

Known allergies (food, animal, bites/stings, etc.): _____

Medications or medical conditions (Please list any that must be taken during the day or that might affect participation. Medication will not be given by museum staff.):

Behavioral/learning differences that we should know:

Please list name and phone number(s) for emergency contacts:

Name: _____

Phone: _____

Please list any additional adults that may be picking up your child:

I authorize the Greensboro Science Center to make necessary emergency medical care decisions which are felt to be in the best interest of my child should I be unavailable.

Parent/Guardian signature: _____ Date: _____

Country Park Permission: Many of our classes & camps take advantage of Country Park, which is adjacent to Greensboro Science Center, for activities such as observing plants and animals. Your signature below allows your child to accompany an instructor to this area during a class, camp or supervised lunch.

Parent/Guardian signature: _____ Date: _____