

Emergency Contact and Pick-up Information: An individual **must** be on this list to pick up your child.

Name	Relationship to Child	Allowed to Pick Up Child (yes or no)	Contact Phone Number

Additional Information: *To be answered by parent or legal guardian.*

Explanation if answered yes:

Does the child have allergies?	___ Yes ___ No	
Does the child require any regular medications?.	___ Yes ___ No	
Are there any activities or exercises the child may not do?	___ Yes ___ No	
Are there any physical disabilities or chronic conditions?	___ Yes ___ No	
Are there any emotional or behavior disorders?	___ Yes ___ No	

****Admission/attendance in the Museum constitutes authorization to the Science and Discovery Center to use any images or video taken on site for commercial or social media purposes.**

Release Statement

I, the undersigned, do hereby give my full consent for the above named persons, including minor(s) to participate in the Science & Discovery Center’s programs. I agree to hold harmless the Science & Discovery Center and its officers, employees, volunteers and agents. Should any accident occur requiring medical care for my child, I give full consent to the providing of such care by a licensed physician. If my child should become a disciplinary problem in the opinion of the group leader, and by doing so seriously affect the quality of the trip or program for the other participants, I agree to pick up my child at a place designated by the representative of the Science & discovery Center, however inconvenient that may be. I acknowledge that depending on the type of program, other releases may be required. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recording and any other records of this event for any purpose whatsoever.

Signature of parent or legal guardian and/or adult registrant

Date

*Science & Discovery Center is a 501(c)(3) tax-exempt organization.
Tax ID number: 59-1540948

Send completed form to:
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