

2020 PERMISSION AND INFORMATION FORM

YOU MUST RETURN THIS FORM BEFORE YOUR CHILD MAY ATTEND CAMP.

Please complete a separate form for each child attending camp. Thank you!

CAMPER INFORMATION

Child's Name _____ Grade in Jan. 2020 _____ / Grade in Sept. 2020 _____

Requested t-shirt size (Youth XS-L or Adult S-XL) _____

Parents/ Guardian Names _____

Operations or serious injuries (dates) _____

Chronic or recurring illness(es) _____

Comments _____

Dietary Restrictions _____

Current medications _____

Allergies: (Please note whether the allergy is an ingested or a contact allergy) _____

Does your child carry an Epi-Pen? Y or N if Yes, what is the allergy? _____

Please include a copy of your child's Allergy Action Plan.

SNACK

Please check off the snacks your child is permitted to eat.

If your child can not have that snack, please pack an alternative.

*PreK/K classes will be offered Multi-Grain Cheerios as a morning snack daily.

Monday Pepperidge Farm Goldfish

Thursday Herr's Variety Pack snack

Tuesday Herr's Variety Pack snack

Friday Honey Maid Graham Crackers

Wednesday Fruit Snacks

Supplemental Mott's Applesauce OR Multi-Grain
Options Cup Cheerios

SPECIAL NEEDS

Please list any mobility accommodations: _____

Learning ability/developmental needs:

Autism/Asperger's ODD/PDD ADD/ADHD Other: _____

Does your child require wraparound services during the school year? If yes, will they be attending camp with the child? If no, what are some helpful support strategies? _____

Comments _____

FIELD TRIP RELEASE

I grant permission for my child to participate in field trips during the camp day. Parents will be informed of all field trips in advance. Yes. Yes, but only for walking field trips. No, I do not.

PHOTO RELEASE

I grant permission for my child to be photographed, filmed, videotaped, or otherwise recorded and for my child's likeness, image, appearance, and/or voice to be used in Camp materials, productions made by or on behalf of TFI, or in advertising or trade in promoting and publicizing the Camp, TFI, or its or their operations, affiliates, and business partners.

Yes, I do. No, I do not.

BEHAVIOR EXPECTATION POLICY

I have read and understand the Behavior Expectation Policy on page 6 of the Survival Guide.

SURVEY RELEASE

I grant permission for my child to participate in short surveys about their perspectives on science and satisfaction with camp. There is no risk to your child. Yes, I do. No, I do not.

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CONTACT INFORMATION

Parents/Guardian _____ Phone _____ Cell Phone _____

Email Address that is checked regularly _____

Parents/Guardian _____ Phone _____ Cell Phone _____

Email Address that is checked regularly _____

Alternate Contact _____ Phone _____ Cell Phone _____

ALTERNATIVE DEPARTURE

Please list anyone who will pick up your child. Only listed adults will be allowed to pick up. All adults authorized for release must present a photo ID at pick up. I grant permission for my child to leave with the following adult guardians in addition to those listed above:

Name: _____ Phone _____

Name: _____ Phone _____

UNACCOMPANIED DEPARTURE (Campers 12 and over only)

I grant permission for my child to leave the museum unaccompanied (either by walking or taking public transportation) at the end of Camp at 4:00 PM. Yes, I do. No, I do not.

RELEASE

I/We, (Parents / Guardian name), _____ being the parent(s) or legal guardian(s) for, _____ hereby give The Franklin Institute (TFI) staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns (including sunburns) and stings. Medication will not be administered by TFI staff at any time. I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of TFI to provide transportation and treatments, including X-rays and routine tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child. The completed forms may be photocopied for trips out of camp. I agree to assume financial responsibility for all medical and hospital expenses.

On behalf of the child / minor, I hereby release, discharge, and hold harmless, The Franklin Institute, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and or damages, including attorney fees, arising out of my / our child's participation in The Franklin Institute's Discovery Camp, except for the willful misconduct or gross negligence of The Franklin Institute.

I / We have carefully read this release prior to its execution and I / we fully understand its contents.

Signature of Parent / Guardian

Relationship to Child

Date

**A 2020 PERMISSION AND INFORMATION FORM
MUST BE ON FILE BEFORE YOUR CHILD CAN
ATTEND A CAMP SESSION. IT WILL BE VALID
FOR THE ENTIRE 2020 CALENDAR YEAR.**

Please return Permission and Information Form to:

Discovery Camp
The Franklin Institute
222 N. 20th Street
Philadelphia, PA 19103

Or email to: discovery.camp@fi.edu

Or fax to: 215.448.1235