

HOMESCHOOL CONSENT FORM

TO REGISTER: PHONE 215.448.1200 (opt 5) or FAX: 215.448.1235



*Have more than one homeschooler attending? Please complete a separate form for each child!

EMERGENCY CONTACT INFORMATION

Name of Child: _____ Age: _____

Parent completing form: _____ Phone: _____

Phone number parent can be reached day of event: _____

Alternate Contact: _____ Relationship to Child: _____

Phone number alternate contact can be reached day of event: _____

DROP OFF / DEPARTURE

Names of people authorized to pick up (list here): _____

Authorization for homeschooler to leave the museum unaccompanied at the end of the workshop day: YES NO

Authorization for homeschooler to be photographed/recorded during the Homeschool Workshop day. Such photographs and videos may be used for promotional, information and/or educational for The Franklin Institute: YES NO

HEALTH HISTORY

Activities may involve physical activity, outdoor activity or food consumption. We request you complete the following information so the appropriate conditions are provided for all students.

List any major allergy or medical conditions: _____

List any current medications: _____

Learning needs: _____

Dietary restrictions: _____

LEGALITY

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 TFI. 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 Homeschool Workshops, 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.

(Parent/Guardian signature) _____ Date: _____

Please return completed form via fax to: 215.448.1235