

THE HIGH DESERT MUSEUM MEDICAL AND RELEASE FORM

This form must be completed for every student enrolled in a High Desert Museum Program. Please use additional sheets if necessary.
PLEASE PRINT.

STUDENT NAME: _____ DOB: _____ GENDER: M F

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ PARENT WORK/CELL: _____

Please list any health problems, mental or physical conditions that might require special planning or consideration for participation in activities with the High Desert Museum. Examples: allergies, asthma, autism, chronic disease, crippling conditions, sight or hearing problems, seizures, special diet, or any condition requiring medication.

CONDITIONS:

MEDICATIONS:

FAMILY DOCTOR: _____ PHONE: _____

ADDRESS: _____

IN EMERGENCY, IF UNABLE TO LOCATE PARENT/GUARDIAN, CONTACT:

NAME: _____ RELATIONSHIP TO STUDENT _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

In consideration for the right to participate in the program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while in a High Desert Museum program, (referred to here after as THDM), and holds THDM harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with program activities.

The UNDERSIGNED, understands that the student is covered by THDM's commercial general liability insurance while in the care of THDM, but not by worker's compensation insurance, health, accident, life insurance or social security through THDM for any accident, illness or injury to the student. We further understand that if a staff supervisor requests the student to perform a task that exceeds the student's physical capabilities, the student is responsible for declining the assignment.

I also consent and authorize THDM to use my child's name and photograph for education and public relations related to THDM.

Signature of Parent or Legal Guardian

Date