



Adventures in History

ATWOOD MUSEUM SUMMER KIDS CAMP

Form #1

Emergency Information Card

Parent/guardian: Please fill out this form. The instructor will carry this along on field trips so that this information is handy in case of an emergency. Thank you.

Child's name: _____ Date of Birth: _____

Parent/guardian name: _____

Phone #: _____

In case of emergency, these contacts will be called in this order if the phone # above does not answer. (Please make sure to list any local, Cape Cod numbers);

1. Name: _____ Cell?/Home? Phone #: _____

Relationship to child: _____

2. Name: _____ Cell?/Home? Phone #: _____

Relationship to child: _____

3. Name: _____ Cell?/Home? Phone #: _____

Relationship to child: _____

Child's allergies or special concerns: _____

Drop-Off Reminder: Please do not come before 8:45 am when Adventure in History Camp opens.

Pick-Up Reminder: If you are more than 10 minutes late picking up your child, we will assess a child care fee of \$5.00 for each 5 minutes you are late, at the discretion of the administrator. Your child will be in the Museum Administrator's office.

Release Form

I hereby give permission for my child to participate in the activities at the Atwood Museum. I understand that Chatham Historical Society (CHS) cannot assume responsibility for accidents or injuries sustained on the premises or while my child is under the care of its staff. I also give permission to the staff of CHS to take my child to Cape Cod Hospital in case of accident or emergency for any treatment that may be necessary. I understand that I, and not CHS, will be responsible for any medical bills.

Parent/guardian signature: _____ Date: _____

I give permission for my child's photo and/or name to be used in publicity. (please check one)

YES NO CLASS PHOTO ONLY

Parent/guardian signature: _____ Date: _____