



Authorization of Consent for Treatment of a Minor

(I), (We), the undersigned, parent(s) of _____ a minor,

do hereby authorize ScienTerrific Kids as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/ her best judgment, may deem advisable.

This authorization shall remain in effect for one year from this date _____ unless sooner revoked in writing and delivered to said agent(s)

We hereby give permission for my/ our child to attend the ScienTerrific Kids program at the designated parks and field trips. I give the group leaders permission to take any necessary action in the event of an emergency.

You should be aware of the following conditions or allergies that may occur with my child, as follows:

Does your child have any severe allergies or medical conditions that require them to take medication during camp hours? Yes No if Yes Please complete a **Medication Release** form.

Liability Release-Accidental Injury

I _____ the parent/guardian of _____

acknowledge that my child and I freely and voluntarily have chosen to participate in a Summer Camp program being conducted by ScienTerrific Kids. I hereby agree to save and hold harmless ScienTerrific Kids; participating private entities, and/or any cooperating or sponsoring public entities and their respective agents from any liability for accidental personal injury or property damage which I or my child may suffer arising out of his/her participation in ScienTerrific Kids summer programs.

Mother (print name) _____ Signature _____

Father (print name) _____ Signature _____

Guardian (print name) _____ Signature _____

In the event of an emergency, I can be reached at the following telephone numbers:

Enter phone # in this format; 1112223333

Phone #1

Phone #2

Fill out completely, print, sign and bring to camp on the first day.