

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
(Please Print)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT INFORMATION**

**Primary** Contact Parent/Guardian should be the individual who will be available to answer their phone during the day.

\_\_\_\_\_ Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/office phone \_\_\_\_\_

**Secondary** Contact Parent/Guardian

\_\_\_\_\_ Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/office phone \_\_\_\_\_

Additional Contact Information (Individual who may be contacted in the event parent/guardians listed above can't be reached.)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Cell: \_\_\_\_\_

List of other individuals allowed to pick up your child from the camp. **Anyone** picking up your child may be asked to show a photo ID before your child will be allowed to leave with them.

\_\_\_\_\_ relationship \_\_\_\_\_  
\_\_\_\_\_ relationship \_\_\_\_\_

**Parent Consent Statement**

As the parent/guardian, I certify that my child has my permission to participate in the Kentucky Museum day camp program. I understand that he/she will be subject to the regulations of Western Kentucky University. I also agree that my child will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the camp.

I understand that I am responsible for signing out my child each day PROMPTLY. All risks associated with participating in the program, including but not limited to bodily injury, are assumed by me, as indicated by the signature below.

I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the camp to be used for educational and/or promotional materials for Kentucky Museum, Western Kentucky University.

I understand that I will be notified should a health emergency arise. If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel.

My child has the following known medical conditions: \_\_\_\_\_  
\_\_\_\_\_

My child takes the following medications: \_\_\_\_\_  
\_\_\_\_\_

My child is allergic to: \_\_\_\_\_  
\_\_\_\_\_

Other concerns/conditions of which we should be aware: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Fax or mail completed form to: 270-745-4878; day Camp, Kentucky Museum, Western Kentucky University, 1906 College Heights Blvd. #11092, Bowling Green, KY 42101-1092