

AUSTIN NATURE & SCIENCE CENTER

MEDICAL INFORMATION AND RELEASE FORM

Participant Name _____ Age _____ DOB _____

Guardian Name _____ Primary Phone _____ Alternate Phone _____

Guardian Name _____ Primary Phone _____ Alternate Phone _____

The staff of the Austin Nature and Science Center take every precaution to make programs as safe as possible. Please fill out the following information as additional protection for your child.

1. Level of swimming ability:

- Beginner: float on stomach and put face in water
- Intermediate: swim 10 yards, tread water, swim underwater
- Advanced: swim 25 yards, swim freestyle and backstroke, jump and dive.

2. Does your child have any special needs that we should be aware of? No Yes _____

3. Is your child on any medication or under any doctor's orders that we should be aware of? No Yes _____

4. Allergies:

- Food _____ Asthma _____
- Drugs _____ Other _____

I do hereby give permission for my child to go on walking field trips in Zilker Park during camp. I give permission for my child to participate in water activities such as splashing and wading on ANSC's site.

I do hereby acknowledge that my child may be photographed by the City of Austin Parks and Recreation Department during programs sponsored by said agency and its facilities and do hereby consent to use of these photographs by said agency and its facilities for promotional purposes and displays.

I understand that some day camp activities such as swimming, rock climbing, archery, caving, and low ropes challenge course elements carry inherent hazards and are physically strenuous. Rock climbing, rappelling, and low ropes course elements involve some activities that require use of a belay system.

GUARDIAN SIGNATURE: _____ Date: _____

COMPLETE NEXT PAGE IF APPLICABLE

- Early sign-out
- Non-custodial sign-out
- Permission to administer medication

Austin Nature & Science Center
EARLY SIGN-OUT FROM ANSC

I will be picking up my child early at the following times:

 MONDAY

 TUESDAY

 WEDNESDAY

 THURSDAY

 FRIDAY

I will discuss this arrangement with my child's counselor in order to avoid disrupting the scheduled activities for the other campers.

Guardian Signature: _____ Date: _____

NON-CUSTODIAL SIGN-OUT AUTHORIZATION

_____ has permission to sign out my child after camp on _____.
NAME OF ADULT DATE

Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER MEDICATION

I authorize the Austin Nature and Science Center to give my child the medication(s) listed below.

Guardian's Signature: _____ Date: _____

| Guardian Permission to Administer Medication | | | | | Staff Use Only - Medication Log | | | | |
|---|--------|----------------------|----------------------|----------------------|---------------------------------|---------|-----------|----------|--------|
| Medication must be provided in the original container. Registered participants ages 18 or younger are not allowed to dispense their own medication. | | | | | | | | | |
| Medication Name | Dosage | Date(s) administered | Time(s) administered | Special instructions | Monday | Tuesday | Wednesday | Thursday | Friday |
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