

Denver Museum of Nature & Science
Museum Camp-in

School/Group Name: _____

MEDICAL INFORMATION FORM

EMERGENCY MEDICAL TREATMENT POLICY

1. Except for certain designated members of DMNS' Security Staff who are trained in and may administer limited first aid procedures, DMNS employees, volunteers or other representatives are not permitted to administer emergency medical treatment to anyone.
2. In the event of any medical or other emergency affecting a participant in a DMNS children's program, DMNS will attempt to notify the child's guardian designated in the application for participation in the program so that person can resolve the emergency.
3. If immediate medical action appears to be required, DMNS will call Emergency Assistance (911) to provide the participant whatever emergency medical or surgical treatment the responding emergency assistance providers deem necessary. Any cost of this emergency assistance is the responsibility of the child's guardian. Neither DMNS nor its employees, volunteers or other representatives are responsible for the care provided the participant by the responding emergency assistance providers or any subsequently involved medical personnel or medical facility.

MEDICATIONS POLICY

1. DMNS employees, volunteers or other representatives are not permitted to accept or administer any type of medication to anyone.
2. If a child might need medication, such as an EpiPen injection for anaphylaxis, during a program, the child's guardian should remain with the child during the program in order to administer the medication.

Date of Program: _____

Participant's Name/s: _____

Address: _____

Age: _____ Grade: _____

Parent/Legal Guardian's Name: _____

Phone (H): _____ Phone (W): _____

List 2 people who may be contacted (if parent/guardian can't be reached) in an emergency:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Please fill out the following information:

1. List any known allergies _____

Explain allergic reactions and indicate medications used, if applicable _____

Can your child monitor his/her own allergies (i.e know to stay away from whatever causes the reaction?)

2. List any medication (and what it is used for) that your child may be bringing to the program (including over-the-counter medications): _____

MEDICAL RELEASE

I verify the above medical information on my child/children is complete and accurate. I understand the Denver Museum of Nature & Science will attempt to notify me, or one of the persons listed above, as soon as possible in the event of an emergency affecting my child/children. If immediate action is required, I hereby authorize the Museum to call for Emergency Assistance (911) at my expense to provide whatever emergency medical or surgical treatment the emergency assistance deem necessary.

Signed: _____

Date: _____