



Don Harrington Discovery Center Release Form

Participant's Name _____

Please initial each statement indicating that you have read and sign and date the bottom.

_____ I/we, the undersigned parents or guardians of the minor child named above, hereby grant permission for my/our child to participate in all activities in and around the Discovery Center as a part of the program. I/we also grant my/our permission for my child to participate in all field trips, which may include travel. These activities are listed but not limited to the program description.

_____ I/we hereby give my/our permission to the Discovery Center to call or obtain the services of a physician or hospital for medical or surgical care for my/our son/daughter should an emergency arise. I/we do not hold the Discovery Center responsible for any injuries that may occur while my/our child attends the program.

_____ I/we agree to allow my/our child to be photographed and I/we understand that these pictures may be used for promotional and news purposes.

Preferred Hospital _____

Physician Name _____

Physician Contact Number _____

Parent/Guardian

Date



Don Harrington Discovery Center Information Form

Participant's Name _____

1.) Emergency Contact: We will contact this person(s) if we cannot reach you in the case of an emergency.

_____ Phone _____
Alt Phone _____

_____ Phone _____
Alt Phone _____

2.) If there is a time in which you will have someone other than those named on the child's registration form pick up your child, you must list them below. These people will be asked to show ID when they pick up your child. We will not allow for an individual to pick up your child unless that person is on this list.
No Exceptions.

3.) Please list any allergies or medical conditions that we need to know:
