

# Shenandoah Valley Discovery Museum

## Personal Information Form



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

IEP or 504 Plan: ☐ Yes ☐ No

*Note: If your child has an anaphylactic allergy, IEP or 504, please contact Christa at [learning@discoverymuseum.net](mailto:learning@discoverymuseum.net). Please note that the Shenandoah Valley Discovery Museum is not equipped to accommodate IEP/504s.*

Child's Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

I authorize the following person(s) to pick up my child from camp or be contacted in case of an emergency:

\_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Medical Release:

In the event of a medical emergency and the parent/guardian cannot be immediately contacted, I grant permission to museum staff to give consent for necessary medical treatment: ☐ Yes ☐ No

### Photo Release:

Shenandoah Valley Discovery Museum uses camp photos for both social media advertising and sending an End of Camp Album to parents. Do you authorize photos for social media use? ☐ Yes ☐ No

Do you authorize photos for the End of Camp Album sent out in a private folder to camp families? ☐ Yes ☐ No

### Field Trips:

I grant permission for my child to go offsite with his/her camp counselors and assistants for walking field trips on or near the museum. I understand that I will be notified via email prior to the start of camp when such trips are planned, as well as verbally reminded during drop off the day of the trip. : ☐ Yes ☐ No

Other considerations in regards to your child: \_\_\_\_\_

### Legal Release:

In consideration of my participation in the SVDM Summer Camp, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for property damage and/or personal injury which may occur or which I may have, against the Shenandoah Valley Discovery Museum and the Summer Camp, or any of their officers, members, agents, or representatives, arising out of participation in any program activity.

### Signatures:

\_\_\_\_\_  
Parent or guardian (Print)

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date