

This form must be completed and returned before the first day of camp.



Camper's Name _____

Name of Camp(s) _____

Camp Start Date(s) _____

Parent/Guardian Information

Primary contact _____
(Parent/guardian) (Phone number) (Alternate phone number)

Secondary contact _____
(Name/Relationship to child) (Phone number) (Alternate phone number)

Emergency Contact Information

Please list at least two alternate people, not listed above, who may be contacted if your child should become ill and needs to be sent home.

Name _____ Phone _____

Name _____ Phone _____

Pick-Up Authorization

Please list *all* individuals who are authorized to pick up your child from OCM, including parents, family members or friends. Please note that all individuals will be asked to show identification at pick-up. Any person not listed below will not be authorized to pick up child.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

By signing, I acknowledge that the parties listed above have been notified that they may be contacted in the case of an emergency.

Parent/Guardian Signature _____

Physician's order for prescribed medication:

Name of medication _____ Dosage _____ Times taken per day _____

Significant side effects (adverse reactions) which should be reported to the physician _____

Special instructions for use of the medication including storage _____

Physician's Signature _____ Physician's Emerg. Phone Number _____

Parent/Guardian Signature _____ Parent/Guardian Phone Number _____

Note: Medication must be delivered to the museum by the parent/guardian in the original container in which it was dispensed. OCM cannot house medication overnight. Your child must bring their medication with them each day.

Camper's Name _____

**Emergency Medical
Authorization**

Completion of this form enables parents to authorize emergency treatment for children who become ill or injured while at Omaha Children's Museum Camp.

In the event reasonable attempts to contact the Parent and/or Guardian have been unsuccessful, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to OCM and its affiliates including its directors, officers, employees, agents, representatives and volunteers to provide the needed emergency treatment prior to the child's admission to the medical facility.

If the situation allows, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ at _____ or Dr. _____ at _____. My camper is
(preferred physician) (phone number) (preferred dentist) (phone number)
authorized to be transported, if the need presents itself to _____, or any hospital
reasonably accessible. (preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Allergies (food, medication, etc): _____

Activity restrictions or precautions: _____

List any additional medications your child is taking:

List any special needs or important information about your child's medical history/behavior:

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian's Signature

Address

Date

Camper's Name _____

Omaha Children's Museum
Summer Camp and Illness Policy

Omaha Children's Museum has a duty to ensure that all children and staff are protected from illness and infectious diseases.

The Director of Education will notify a parent or emergency contact if the child exhibits symptoms such as:

- Unusual behavior for the child, lethargy
- Temperature of 100 degrees or higher by measurement via touchless thermometer
- Vomiting
- Diarrhea
- Discharge from the eye or ear
- Skin with spots, rashes, blisters, crusty or weepy sores
- Headache
- Continuous scratching of skin or scalp
- Difficulty swallowing or complaining of sore throat
- Persistent or prolonged coughing

If a child is deemed unwell and unable to continue with camp, parents will be notified and will be asked to collect their child within **one hour** from the time the phone call is made.

Omaha Children's Museum Staff are not healthcare professionals; therefore, a healthcare professional should be consulted to ensure symptoms are not infectious.

Children must be on antibiotics for 24 hours before returning to camp.

- ✓ **Fever:** Children will not be permitted back into camp until they have been fever free for **24 hours**
- ✓ **Moist Discharge:** Depending on the nature of the illness (sticky eyes, skin sores), children will not be permitted to attend camp until a doctor's note has been presented.
- ✓ **Vomiting and Diarrhea:** Children are not permitted to attend camp until **36 hours** after the last episode of vomiting or diarrhea.
- ✓ **Lice:** Children will not be allowed to attend camp if they have live head lice until the **day after** treatment and all eggs have been removed.
- ✓ **Common Cold:** Keep the child home until mucus is no longer green/yellow in color.

If parents or emergency contact persons **cannot be contacted** and a child is sufficiently ill or distressed because of an illness, an ambulance will be called to send the child to the hospital.

The Director of Education has the final say on whether a child is able to stay at camp and can also override a doctor's certificate permitting attendance.

Parent/Guardian's Signature

Date

Camper's Name _____

Waiver and Release

I hereby consent to my child's attendance at and participation in the activities provided at the Omaha Children's Museum ("OCM") and any OCM Camp ("Camp"). I hereby release, on behalf of myself, my child, any other legal parent or legal guardian of my child and all persons that may have a potential claim, demand or cause of action of any kind whatsoever, against OCM and its directors, officers, employees, agents, representatives and volunteers from any and all liability relating to, arising out of or in connection with OCM and/or my child's attendance at and/or participation in OCM and Camp activities, including, but not limited to, any illness or injury sustained at OCM. I hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may result from my child's participation in activities at OCM. Further, I hereby specifically release and hold harmless OCM and its directors, officers, employees, agents, representatives and volunteers from any actions associated with obtaining, or refraining from obtaining, necessary medical treatment for my child in accordance with my instructions. I agree to remain fully liable and responsible for the payment of any hospital, doctor, ambulance, dental or medical fees incurred by my child. I further agree that OCM does not assume any responsibility or liability for the payment of such fees which may be incurred.

I hereby understand that OCM does not administer medication and agree that OCM and its directors, officers, employees, agents, representatives and volunteers shall not be liable or responsible in any way for the administration of medication to my child.

I agree to indemnify OCM for any claims brought by me or a third party for any costs associated with defending or litigating such claims including, but not limited to, attorney's fees, costs and legal expenses.

I have carefully read and understand this Waiver and Release.

Parent/Guardian's Signature

Date

Please Initial.

Photo Authorization

My child can be photographed and I authorize photographs to be used for museum promotional purposes.
 Yes No

Return completed form to:
Omaha Children's Museum
Attn: Summer Camps
500 South 20th Street
Omaha, Ne 68102

Fax: 402-342-6165

Email: groups@ocm.org