

Waquoit Bay Summer Science School



Emergency, Medical & Photo Waiver Information Form 2020

Student's name: _____

Science School Session: _____

Name of parent or guardian: _____

Phone Number (Preferred): _____

Parent or Guardian Email Address: _____

Medical Information:

Child's Doctor: _____ Doctor's phone: _____

Insurance Carrier: _____ Insurance ID#: _____

Is there anything about your child we should know: (Allergies, unusual fears, other health concerns)

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

In case of an emergency, if the Science School staff cannot reach the emergency guardian or me by phone, I hereby authorized the Science School staff to take emergency care of my child.

Parent Signature: _____ Date: _____

Photo Waiver:

I understand that my child's photograph may be taken during his/her participation at Waquoit Bay Summer Science School and I give permission for Waquoit Bay Summer Science School to use photos for publicity purposes such as the School's website and for display at the Waquoit Bay Reserve.

Parent Signature: _____ Date: _____

Please return this form and your child's immunization form prior to the start of session:

Email: Waquoitbayscienceschool@gmail.com

Mail: Friends of Waquoit Bay
Attn: Science School
PO Box 3522, Waquoit, MA 02536