

# Waquoit Bay Summer Science School



## Emergency, Medical & Photo Waiver Information Form

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](mailto:Waquoitbayscienceschool@gmail.com)

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