



FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver

Tubman Museum Heritage Summer Camp

Participant's / Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child,
(Child's Name), _____, to participate in this field trip
event that requires transportation. This activity will take place under the guidance and
direction of employees and/or volunteers from _____

(Name of Organizer)

Type of Event: _____

Location of Event: _____

Date and Time of Departure: _____ Return: _____

Mode of transportation: _____

Individual(s) in charge; _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken
by the above-named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend the Organizer, its officers, directors and agents, and any other representatives associated with the event from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the Organizer, its officers, directors, agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____

Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone : _____

Specific Medical Information: The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.):

Does the child have a medically prescribed diet?

Any physical limitations?

Is your child subject to emotional reactions to new situations?

Are there any special medical conditions of your child that the Tubman Museum should know of? Please list:

