

Education Department Personal & Medical Information

Please use a separate form for each participant. This form is confidential.

Participant's name: _____ DOB: _____ Gender: M F

Parent/Guardian Name: _____

Mailing address: _____

Daytime phone: _____ Cell: _____ Work: _____

Email: _____ Check to be added to our free email service.

Please list the programs your child is registered for: _____

SECURITY POLICY: The safety of the children in our care is our primary concern. Your child will only be released to people on this list. Any adult, including parents and guardians, must show a valid picture ID when picking up a child. If you need to add someone to the list after a program starts, please provide this in writing to Aquarium staff.

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK UP THIS CHILD:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACTS:

In case of emergency, please list the name and phone number of a second party who could respond.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFO: Please list any allergies, medical / behavioral issues, special needs etc. that our staff should be aware of or that may require special accommodations:

MEDICAL POLICY: In the case of medical emergency, it is Oregon Coast Aquarium policy to contact 911 immediately. Parents / guardians will be contacted after emergency services have been activated. Oregon Coast Aquarium staff are certified in CPR and Basic First Aid, but will not treat any serious medical condition nor administer medications of any kind. All information released by a parent/guardian on this form is considered confidential and will not be released to any third party.

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PLEASE INITIAL EACH STATEMENT:

_____ I hereby release the Oregon Coast Aquarium officers and its employees from any claims which my child might have for injuries or damage resulting from failure to obey and cooperate as instructed or as a result of the risks and dangers involved in this activity.

_____ In the event that my child needs medical treatment, I hereby consent and authorize the accompanying representative of the Oregon Coast Aquarium to permit treatment. I agree to be responsible for the cost of any medical services and to indemnify the Oregon Coast Aquarium for such expenses.

_____ I hereby authorize Oregon Coast Aquarium personnel to photograph / video my child for the purposes of education and promotion of Aquarium programs. I understand that these images may be used in a variety of ways, including videos, publications and websites. (By not initialing, you REVOKE consent for this child.)

Non-Discrimination Policy: The Oregon Coast Aquarium is proud of our diverse and inclusive programs. Consistent with our corporate non-discrimination policy and applicable laws, OCAq programs are open to everyone regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.



**OREGON COAST
AQUARIUM
NEWPORT**

Parent Signature: _____

Printed Name: _____

Date: _____

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