



**SQUAM LAKES NATURAL SCIENCE CENTER
2016 GUIDED DISCOVERIES
AUTHORIZATION & RELEASE STATEMENTS**

Pick-up Authorization

My child, _____, may be picked up from Guided Discoveries by the following

adults (include yourself if applicable): _____

Parent/Guardian signature _____ Date _____

Emergency Medical Care Authorization Statement

I hereby authorize the staff of Squam Lakes Natural Science Center to perform first aid and CPR and to arrange for emergency care for my child, _____, at a local hospital as deemed necessary. I also authorize hospital personnel to provide emergency medical treatment for my child.

Parent/Guardian signature _____ Date _____

Media Release

I hereby give permission for Squam Lakes Natural Science Center to use any photographs, video, or other images of my child, _____, taken during his/her attendance in Guided Discoveries, for current and future publicity or publishing purposes.

Parent/Guardian signature: _____ Date: _____

Transportation Release

I hereby authorize the staff of Squam Lakes Natural Science Center to take my child, _____, on field trips and to transport in Science Center vehicles and vessels during Guided Discoveries.

Parent/Guardian signature: _____ Date: _____

Medication Release

I hereby authorize the staff of the Squam Lakes Natural Science Center to administer medication(s) to my child, _____, while in attendance at this summer program.

Medication(s): _____

Dosage(s) to administer: _____

Time(s)/Day(s) to administer: _____

NOTE: for prescription medications the drug must be in its original container

Parent/Guardian signature _____ Date _____



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EMERGENCY INFORMATION

This form is to be completed by a parent/guardian. All information will be held in confidence and released only to appropriate persons.

Child's name _____ Age _____ Grade as of 9/2016 _____

Program Titles/Dates: _____

Parent/Guardian Names 1. _____ 2. _____

Permanent address 1. _____ 2. _____

Phone Numbers day _____ day _____
 evening _____ evening _____
 cell _____ cell _____

Summer address 1. _____ 2. _____

Dates to use summer address: From _____ to _____

Phone Numbers day _____ day _____
 evening _____ evening _____
 cell _____ cell _____

In case of emergency, contact:

1. _____
Name Day phone Cell phone Relationship

2. _____
Name Day phone Cell phone Relationship

Primary Physician _____

Address _____

Phone _____

SQUAM LAKES NATURAL SCIENCE CENTER
PO Box 173, Holderness, NH 03245
Phone 603 968 7194, Fax 603 968 2229
www.nhnature.org



SQUAM LAKES NATURAL SCIENCE CENTER
2016 GUIDED DISCOVERIES
CHILD INFORMATION

Participant's name: _____ Nickname: _____

We want your child and all others to have a fantastic Guided Discoveries experience! Please answer the following questions to help us best meet the needs of your child. All information will be held in confidence and released only to appropriate persons.

Does the child have any known allergies? If yes, please list.

Does your child carry an epi-pen for their allergies? ☐ YES ☐ NO

Is the child on any regular medication that may affect his/her abilities in this program? If so, please describe.

Does the child have any activity or dietary restrictions, etc.? If yes, please describe.

Please describe how your child presents himself/herself in a group. Are there any particular challenges in group settings?

Please describe any helpful accommodations that have aided your child in group settings. Does your child require one-on-one assistance at school?

Is there anything in the child's life presently that might impact his/her experience at this program, e.g., a particular situation, a fear of certain things, etc.?

Parent/Guardian signature: _____ Date: _____

You are welcome to contact Audrey Eisenhauer, Education Director, to discuss any of these questions at 603-968-7194 x14 or audrey.eisenhauer@nhnature.org.

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