



**SQUAM LAKES NATURAL SCIENCE CENTER  
2017 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** ☐ **do not 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. (Please note, your child will not be Identified by name in any publications.)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medication Release**

I hereby authorize the staff of Squam Lakes Natural Science Center to administer the following medication(s) to my child, \_\_\_\_\_, while in attendance at Guided Discoveries.

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:** \_\_\_\_\_

**Transportation Release**

**For "Critter Classes" and "AquaCamp" Sessions ONLY**

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:** \_\_\_\_\_

**SQUAM LAKES NATURAL SCIENCE CENTER**

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**www.nhnature.org**