



Children's Programs

Emergency Contact/Consent Form

One form can be used per family. Information will be kept confidential.

Mail, fax or drop off completed form prior to program start date to:

Education & Outreach Coordinator, Thunder Bay Museum, 425 Donald St. E., Thunder Bay, ON P7E 5V1 Fax: 622-6880

PLEASE PRINT CLEARLY

Participant Information

Participant's Name (first child) _____ M __ F __ _____
Date of Birth Ontario Health Card Number

Participant's Name (second child) _____ M __ F __ _____
Date of Birth Ontario Health Card Number

Participant's Name (third child) _____ M __ F __ _____
Date of Birth Ontario Health Card Number

Home Phone Number

Parent/Guardian Information

First Parent

Relationship: _____ Mother _____ Father _____ Other (Explain) _____

Name Daytime Phone Number/Extension

Address, City, Postal Code

Fax/Cellular Numbers Email Address

Second Parent

Relationship: _____ Mother _____ Father _____ Other (Explain) _____

Name Daytime Phone Number/Extension

Address, City, Postal Code (if different from above)

Fax/Cellular Numbers Email Address

PLEASE COMPLETE SECOND SIDE

Person(s) Authorized To Pick Up Participants

Staff of the Thunder Bay Historical Museum Society may release my child/children into the care of the following individual(s) during the program day or at the end of the program day. Only those people listed here will be able to pick up my child/children, and they will need to provide Museum staff with a password. Parents, please include your own name.

1. _____ 2. _____

3. _____ 4. _____

Password: _____

Medical Information

Name of Family Doctor Phone Number

Please describe any allergies or medical conditions (including any dietary needs) your child/children may have.

First Participant None _____

Second Participant None _____

Third Participant None _____

Please describe any special needs (e.g. physical, behavioural and/or learning difficulties) your child/children may have.

First Participant None _____

Second Participant None _____

Third Participant None _____

Please attach additional information if necessary. *Please note: We cannot provide one-on-one supervision or specific medical support.*

Emergency Contact

Emergency contact if the parent(s)/guardian(s) cannot be reached:

Name Daytime Phone Number/Extension

Consent form and medical consent statement

I agree that as a parent/guardian of a child/children who is/are a participant(s) in the Children's Program(s) at the Thunder Bay Museum, my child/children will participate in activities on the grounds of the Thunder Bay Museum. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that the Thunder Bay Historical Museum Society, its employees, board members and volunteers, shall not be liable for any injury to my child/children or any loss/damage to my child's/children's personal property arising from, or in any way resulting from, my child's/children's participation in these activities.

I have provided the Thunder Bay Historical Museum Society with all the necessary medical information and can be reached at the number(s) listed. I authorize the program staff/volunteers to administer first aid to my child/children if necessary and to secure medical care for my child/children in case of an emergency as deemed appropriate by the attending physician(s).

Print Name of Parent/Guardian Signature of Parent/Guardian

Date

Photo Release Consent Form

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Education & Outreach Coordinator,
Thunder Bay Museum
425 Donald St. E.
Thunder Bay, ON P7E 5V1
Fax: 622-6880

Dear Parent/Guardian,

The Thunder Bay Historical Museum Society is aware of the privacy of its program participants. Your consent is required for your child's/children's name(s), photograph(s), video or sound recording(s) and/or artwork to be published or displayed as part of the Thunder Bay Museum's promotional or exhibit materials, including, but not limited to: flyers, brochures, posters, newsletters, web site, etc.

I hereby certify that I am the parent or guardian of a minor(s) who is/are under 18 years of age and who wishes/wish to attend a children's program(s) at the Thunder Bay Museum.

I do irrevocably grant to the Thunder Bay Historical Museum Society, all rights and copyright of any kind for the above-mentioned media, without any additional compensation. I hereby release the Thunder Bay Historical Museum Society from any and all claims for libel and invasion of privacy. I understand that this release is irrevocable by me so that the Thunder Bay Historical Museum Society may proceed in full reliance thereon.

Yes, I do agree _____

No, I do not agree _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

PLEASE PRINT CLEARLY

Participant Names

Participant's Name (first child)

Participant's Name (second child)

Participant's Name (third child)