



## Rocket Camp Medical Form

Participant Name (Last, First): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Conditions and/or Allergies:**

**Dietary Restrictions:**

- Inhalers and/or Epipens will be held in a lockbox by the Education Coordinator/Program Manager.
- Aside from emergency use of an inhaler or Epipen, any medication that needs to be administered will need to be administered by the parent/guardian. Please go to admissions at the museum entrance and someone will escort your child to the front for you to give them their medication.
- Please check below whether you will come to the museum to administer medication to your child during the activity.

I will NOT need to administer medication to my child during the activity.

I WILL need to administer medication to my child during the activity.

Time(s) for Medication: \_\_\_\_\_

- Do you agree to letting Titan Missile Museum staff administer basic first aid (band aid for scraped knee, etc.)?

Yes, PASM staff may administer basic first aid to my child.

No, museum staff may NOT administer basic first aid to my child. Please contact me or emergency contacts if you believe my child needs to be administered basic first aid.

- For injuries requiring more than basic first aid (sprained ankle, deep cuts, etc), the museum will call the primary contact first, and then the emergency contacts if the primary contact does not answer.
- In the event of a medical emergency, museum staff will call 911 first and then contact the parent/guardian of the child.

- Is there any other information about your child that you would like museum staff to be aware of?

---

---

---

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_