



MEDICAL/LIABILITY RELEASE FORM

Child's Name: _____ Birthdate: _____
Parent /Guardian#1: _____ Cell Phone: _____
Email Address: _____ Home/Work Phone: _____
Parent /Guardian#2: _____ Cell Phone: _____
Email Address: _____ Home/Work Phone: _____
Child's Address: _____ City/State: _____ Zip: _____

***Optional (for demographic purposes only) - Please check all that apply:**

- African American/ Black Asian Caucasian Hispanic/ Latino
- Native American/ Alaskan Pacific Islander/ Hawaiian Other _____

In case of emergency, where a parent cannot be reached, please contact:

#1 Name and Relationship to child: _____
Phone Number (s): _____
#2 Name and Relationship to child: _____
Phone Number (s): _____
Family Physician Name and Phone Number: _____
Name of insurance company: _____ Policy Number: _____

Please fill out the following information completely and accurately:

Note and describe ANY allergies your child has, *including food allergies*: _____

Special needs/conditions, including medical/social/emotional: _____

Please list all medications your child is currently taking: _____

PLEASE NOTE: **TAG! CHILDREN'S MUSEUM OF ST. AUGUSTINE** STAFF OR VOLUNTEER CANNOT ADMINISTER MEDICATION TO YOUR CHILD.

This will serve as my authorization for **tag! Children's Museum of St. Augustine** staff and volunteers to obtain necessary medical and/or surgical treatment for my child in the case of serious illness, accident, or any emergency situation that may arise if I am unable to be reached at the time of such emergency. Any seriously injured child will be transported to Flagler Hospital where he/she will be treated and/or evaluated by the attending emergency room physician. I further state that I will not hold **tag! Children's Museum of St. Augustine** board, staff, or volunteers liable for such medical treatment or any expenses incurred as a result thereof in such cases of illness, accident, or any emergency situation.

Signature of parent/guardian: _____ Date: _____

ALL INFORMATION PROVIDED IS CONSIDERED PRIVATE AND CONFIDENTIAL AND WILL NOT BE DISTRIBUTED TO ANY OUTSIDE SOURCE.



INFORMED CONSENT AND ACKNOWLEDGEMENT

In consideration of my child's participation in programs provided by **tag! Children's Museum of St. Augustine**, I indemnify and hold **tag! Children's Museum of St. Augustine** and its affiliates, employees and agents harmless from and against any and all liability for negligence or medical expenses resulting from my child's participation in such programs or other activities. I further release **tag! Children's Museum of St. Augustine** and its affiliates, employees and agents from any and all negligence or other claims resulting from my child's participation. I further understand that **tag! Children's Museum of St. Augustine** does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or myself. I hereby grant permission for my child to participate in all activities.

CHILD PICK UP/RELEASE AUTHORIZATION

The following person(s) are authorized to pick up my child from **tag! Children's Museum of St. Augustine**.

*If the person picking up a child is not recognized by staff or the child, that person shall be required to provide identification to staff. Under no circumstances will a child be released to an unauthorized person.

1. Name _____ Phone _____
Relation to child _____

2. Name _____ Phone _____
Relation to child _____

SOCIAL MEDIA, FILMING AND PHOTOGRAPHY RELEASE

I, _____ DO DO NOT (check one) give permission for

My child's _____ (child's name) photo, recordings and/or likeness to be retained and used by **tag! Children's Museum of St. Augustine** without any remuneration or compensation. I also allow **tag! Children's Museum of St. Augustine** to use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media (including but not limited to print publications, video tapes, non-theatrical, streaming video, internet, social media and any other electronic or other medium presently in existence or invented in the future) for any purpose that **tag! Children's Museum of St. Augustine**, and those acting pursuant to its authority, deem appropriate, including promotional, advertising and any commercial or non-commercial use.

Signed _____ Date _____