Emergency Contact & Medical Release for Science Camp at South Slough

Student's Name: _____

Primary contact in case of emergency: _____

Phone # for emergency contact: _____ Relationship: _____

Physician and/or Designated Alternate Emergency Contact(s):

Name: _____Phone #:_____

Name: _____Phone #:_____

Please describe any allergies, injuries, or other information we should know to keep the child safe:

_____

_____

I will allow my child, _____, to take part in the South Slough Science Camp, including field trips off-site or on the water. In the case of an emergency, I will allow medical treatment for my child by authorized medical services personnel.

_____

Parent or Guardian signature Date

South Slough National Estuarine Research Reserve
Photograph and Name Release

I understand that for promotional or educational purposes, the South Slough National Estuarine Research Reserve (Reserve) may be videotaping or photographing portions of this program and/or projects; and/or publishing the names of participants. My signature indicates that:

I give permission to use my name and photos, videotape, or film of myself or my minor children, for promotional or educational purposes, such as the Reserve website or newsletter or a newspaper or other media, and without compensation otherwise.

I understand that my participation in the photos, videos, or name publishing is voluntary, and that I may choose not to participate/sign this form without any penalization or impact on my child's eligibility to participate in the *South Slough Science camp*, and

I declare that I am at least 18 years of age and the subject of this release, or the parent or legal guardian of the subject and give my consent.

Child's Name _____ Date _____

If minor, signature of parent or guardian _____

Please print name_____