## **Camp Health & Parent Consent Form:**

Complete one form per camper

MUST RETURN PRIOR TO CAMP

By mail: 401 W. MLK Jr. Parkway Des Moines, IA 50309

or by fax (515)274-1468



Camper's Last Name	Camper's First Name	Date of Birth	Grade Entering Fall of this Year
Address		City	State Zip Code
Dietary and special needs,	allergies or medications (please list)	)	
Parent/Guardian Name	Relationship to Camper	Email <b>(required)</b>	Phone number
Emergency Contact	Relationship to Camper	Phone number	
Physician's Name / Name of Practice		Phone Numbe	er
	Science Center of Iowa will take you t them to go to Blank, where do you		's Hospital in downtown Des
Other adults authorized to p	oick up your camper		
I understand photographs n camper's photos to be used	nay be taken of my camper for future.  I (Initial)	e SCI marketing purpose	es, and I give consent for my
Camp(s) Attending – List na	ame and date of camp:		

## Parents must agree to the following to finalize your SCI Summer Camp registration.

1.	SCI Summer Camps are taught by college students or recent graduates that have been studying Education and/or Science			
2.	SCI campers will be learning about the topic of the camp title. If there is time to explore the rest of the museum, then the camp will do so. Otherwise, the campers will be focused on learning the subject at hand			
3.	I understand that refund requests made at least two weeks prior to each session's start date will be granted, minus a \$50 cancellation fee for full-day camp and \$25 for half-day. If I make a refund request with less than two weeks' notice, it will not be granted but credit will be allowed for other summer camp offerings			
4.	I understand that SCI is not responsible for personal items my camper brings such as electronic devices, games, cell phones, money, etc			
5.	I am aware of the camp's starting and ending times (AM Camp 9:00 AM – 12:00 and PM Camp 1:00 PM – 4:00 PM) and will drop off and pick up promptly. I realize that if my child arrives late, they may miss their fieldtrip and will be placed with another camp for that day			
6.	<ol> <li>I am aware of what time extended care starts and ends (Before Care 7:30 AM – 9:00 AM and After Care 4:00 PM – 5:30 PM) and will drop off and pick up promptly.</li> </ol>			
7.	7. My child is in 5th-8th grade camper and can sign themself in and out of camp			
	If you choose this option, you must indicate where your camper is to wait for you for pick-up:			
	location listed above. They are not allowed to explore SCI after camp unless accompanied by an adult.  In the structure of th			
Is your	child attending a full day of camp? Yes No			
-	select a size for his/her FREE camp t-shirt:			
•	nild XS Child S Child M Child L Child XL			
	lult S Adult M Adult L Adult XL			
I verify	that the above information is correct:			
Parent	Signature			
Date _				