



CHILDREN'S PROGRAMS

EMERGENCY CONTACT/CONSENT FORM

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

Submit completed form to: **Dannielle Pesheau** Education & Outreach Coordinator
Thunder Bay Museum, 425 Donald St. E., Thunder Bay, ON P7E 5V1

education@thunderbaymuseum.com

Participant Information (up to 2 siblings at same address)

PLEASE PRINT CLEARLY

Participant Name (first child)	Date of Birth	M / F	Home Phone Number
Family Doctor	Doctor's Phone	Ontario Health Card Number	

Please describe any allergies or medical conditions (incl. any dietary needs or asthma) this child may have.

Please describe any special needs (eg. physical, behavioural, and/or learning difficulties) this child may have.

Participant Name (second child)	Date of Birth	M / F	Home Phone Number
Family Doctor	Doctor's Phone	Ontario Health Card Number	

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

Please describe any special needs (eg. physical, behavioural, and/or learning difficulties) this child may have.

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



Parent/Guardian Information

Name

Relationship to Participant

Daytime Phone Number

Other/Cell Phone Number

Address, City, Postal Code

Email Address

Name

Relationship to Participant

Daytime Phone Number

Other/Cell Phone Number

Address, City, Postal Code

Email Address

EMERGENCY CONTACT if parent(s)/guardian(s) cannot be reached:

Name

Daytime Phone Number

PERSONS AUTHORIZED TO PICK UP PARTICIPANTS

Only those people listed below will be allowed to pick up my child(ren) from programs at the Thunder Bay Museum. If the authorized person is **not** a parent/guardian, they will need to provide Museum staff with the password listed below before the child can be released into their custody. Parents, please include your own name(s).

Password: _____

Consent Statement & Signature

As a parent/guardian of a child participating in programming at the Thunder Bay Museum, I agree to allow my child to partake in all activities on the grounds of the Thunder Bay Museum, as well as off-site activities supervised by Museum staff. 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 Museum, its employees, board members and volunteers shall not be liable for any injury to my child or any loss/damage to my child's personal property arising from their participation in these activities.

I have provided the Thunder Bay Museum with all necessary medical information and can be reached at the number(s) listed on this form. I authorize Museum staff to administer first aid and/or secure medical care for my child in case of an emergency.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date



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PHOTO RELEASE CONSENT FORM

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Dear Parent/Guardian,

The Thunder Bay Museum 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, website, social media, etc.

I hereby certify that I am the parent or guardian of a minor (children under 18 years of age) attending children's programming at the Thunder Bay Museum.

I do irrevocably grant to the Thunder Bay Museum, all rights and copyright of any kind for the above-mentioned media, without any additional compensation. I hereby release the Thunder Bay Museum 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 Museum 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

Participant Names:

Participant's Name (first child)

Participant's Name (second child)

Additional/Special Instructions:
