



MEDICAL RELEASE FORM

In case of a medical emergency, we require that this form be completed. Naturally, we hope that this permission will not be needed, but illness and accidents do sometimes occur. We will make every attempt to contact you in the event of an emergency, but please understand that it is not always possible to do so prior to administering medical treatment depending on the circumstances surrounding the emergency. **Please complete one form per participant.**

In the event of an emergency, I, **the parent/guardian of _____, _____ years old**, do hereby give permission for Peoria Riverfront Museum to administer first aid to my child and transport or arrange for transportation of my child to a nearby medical facility, and hereby give permission to that facility and any of its staff or licensed physicians to perform all necessary medical treatment for my child. I hereby agree to be fully responsible for all costs associated with transportation to and from the medical facility and emergency treatment provided.

Allergies to any medications: _____

Allergies to food/food related items: _____

Any other relevant allergies or medical conditions: _____

Current medications: _____

Family Doctor: _____	Phone: _____
Emergency Contact: _____	Phone: _____
Emergency Contact: _____	Phone: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____ **Date:** _____

Medication Administration Release *Fill out only if your child has severe allergies or will need to take medication during the museum event.*

If your child may or will need medication while participating in the museum event, please fill out this portion of the form below. Peoria Riverfront Museum staff will be happy to work with you in supervising your child's self-administering of the medication needed during the event or in case of an emergency. Any medication brought to the museum should be in a Ziploc baggie with the child's name on it along with instructions (dosage/time). It will be kept in our first aid box, which only staff is allowed to access. Please note that your child will be treated in accordance with the Medical Treatment Release signed above. Thank you for your assistance!

Medical Problem/Allergy: _____

Medication needed: _____

Dosage: _____	Date(s): _____
Physician's Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____