PARENTAL CONSENT AND EMERGENCY CONTACT INFORMATION

**Trip or Activity Planned**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Trip or Activity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Supervisor**: Katy Smith, Hannah McNutt, Volunteers, Other Museum Staff as Needed\_\_

**Method of Transportation**:\_None\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(charter bus/contract vehicle, \*privately-owned vehicle)*

*\*When privately-owned vehicles are used for transporting students, only the vehicle owner’s liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by a rental company, the rental company vehicle liability coverage is applicable to any vehicular accident.*

**Changes/Cancellations**I understand the Museum reserves the right to cancel any part or all of any scheduled activities or events. I shall neither expect nor seek recourse from the Museum, its associates or affiliates as described above, other than a refund of fees paid, if any, in the event of such cancellation of the event by the Museum. I further understand that all monies received are used to purchase materials for the program and no monies can be refunded.

**Expectations and Instructions**I understand the following is expected of the camper.• To follow instructions given by the chaperone.• Not to leave or separate from the group without appropriate authorization from a chaperone.• To comply with all museum policies and rules of conduct.In the event any of the above expectations or instructions are violated, I understand museum personnel reserve the right to remove the camper from the camp.

**Insurance Coverage**

I represent that the camper has insurance either through the state’s Sooner Care insurance program, Choctaw Nation or through my own insurance carrier.

**I request that the below-named camper be allowed to participate in the trip/camp planned and specifically consent to the camper’s participation.**

Name of Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_/\_\_/\_\_\_\_

Special Conditions
If the trip includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE\_\_\_\_ DO NOT AGREE\_\_\_\_ TO THE ABOVE SPECIAL CONDITIONS.

Please list any pertinent information we need to know about your child and any special needs your child may have: (Please include any food allergies or special diet needs.)

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Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_/\_\_/\_\_\_\_

**Parent/legal Guardian Medical Emergency Authorization**In the event of a medical emergency while my child is participating in any museum program, I authorize the Museum of the Red River to release the following information to the healthcare provider. I understand the museum personnel will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during camp, I consent to the trip chaperone(s) arranging for and consenting to the procedures or treatment in the chaperone’s discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_/\_\_/\_\_\_\_

**Emergency Contact Information**
 *1st Choice 2nd Choice*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost:\_\_\_\_\_\_\_

Make Checks payable to: IMSI (Idabel Museum Society)

 812 E. Lincoln Road

 Idabel, OK 74745